



# Children's Services Agency

## Fiscal Year 2017

**Presentation to {Senate/House} {Full/Sub}Appropriations Committee  
on Health & Human Services**

{DATE}

Steve Yager, Senior Deputy Director, Children's Services Agency  
**Farah Hanley**, Senior Deputy Director, Financial Operations Administration

# Our Guiding Principles



## Mission

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.

## Vision

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

# **Children's Services Vision and Mission**

**Vision:** DHHs will lead Michigan in supporting our children, youth, and families to reach their full potential.

**Mission:** Child welfare professionals will demonstrate an unwavering commitment to engage and partner with families we serve to ensure safety, permanency and well-being through a trauma-informed approach.



# Flint Water Situation

- Contacted each of the 122 impacted foster care providers and verified the use of appropriate filter or bottled water.
- Completed an on-site visit to each foster care provider to verify the presence and use of a filter or bottled water and ensure appropriate supplies.
- Water testing was completed for each foster care provider home, licensed and unlicensed, and each facility.
- Issued instructions/communication to all foster care providers regarding expectation for safe water at all times.

# Flint Water Situation

- Initiated blood testing for the 87 children currently in foster care under the age of 6 living in Flint.
- Informing caregivers of the 152 children in foster care age 6 or over, living in Flint to inform the child's physician of the child's possible lead exposure at their next primary care appointment.
- For children who resided in Flint between 4/2014-1/2016
  - Initiated blood testing for children in foster care under the age of 6.
  - Informing caregivers of children in foster care age 6 or over, to inform the child's physician of the child's possible lead exposure at their next primary care appointment.

# Flint Water Situation

- Notifications currently being sent to caregivers of the children who were placed in Flint and are no longer under MDHHS care and supervision.
- Children's Protective Services workers will ensure safe water in all homes encountered as a function of investigation or ongoing service cases.
- Dedicated 4 existing full time employees to Genesee County for tracking and monitoring.
- Obtained approval from the federal government to utilize IV-E funding for maintenance costs for water filters.

# **Children's Services Agency**

- The Children's Services Agency oversees all child welfare services for children and their families.
- Children's Services directly employs approximately 3,861 staff including 3,186 field staff and 675 Central office staff.
- The Children's Services Agency oversees approximately 1,016 Private Agency foster care staff and 315 supervisors who are contracted to provide foster care, licensing and adoption services.

# Meeting Federal Child Welfare Goals

## SAFETY

- (Absence of) Recurrence of Abuse/Neglect within 6 months
  - Goal = 94.6%  
Recent Score = 93.5%
  - (Absence of) Maltreatment in Foster Care
    - Goal = 99.68%  
Recent Score = 99.64%

# Meeting Federal Child Welfare Goals

## PERMANENCY

- **Timeliness & Permanency of Reunification**
    - Goal = 122.6  
Recent Score = 111.3
  - **Timeliness to Adoption**
    - Goal = 106.4  
Recent Score = 124.2
  - **Permanency for Children in Foster Care for Long Periods**
    - Goal = 121.7  
Recent Score = 140.5
  - **Placement Stability in Foster Care**
    - Goal = 101.5  
Recent Score = 105.9



# **Children's Protective Services**

**Children's Protective Services** investigates all allegations of suspected child abuse or neglect by a parent, legal guardian or any other person responsible for the child's health or welfare.

Children's Protective Services also provides services to prevent removal from the parental home.

# Children's Protective Services Statistics: Fiscal Year 2015

- Complaints received: 157,417
- Complaints investigated: 92,729
  - (59% of complaints received)
- Substantiated complaints: 23,813 (Category I and II)
  - (26% of assigned investigations, 15% of all complaints received)
- Number of children removed from parent: 5,810

[Speaker Notes For Slide: 11]

# Foster Care

## Foster Care Programs:

- Provides placement and supervision of children who have been removed by the court from their home due to abuse or neglect.
- Is a short-term solution to an emergency situation and permanency planning continues throughout the child's placement in care.
- Ensure the safety, permanence and well being of children through reunification with the birth family, permanent placement with a suitable relative, or a permanent adoptive home.

# **MDHHS and Private Agencies...**

- Work with parents to rectify conditions that led to the child's removal.
- Provision of services (substance abuse treatment, parenting education, mental health treatment, etc.)
- Facilitate frequent parent-child visits
- Supervise child in out-of-home placement to ensure well-being & provision of necessary services.

# **MDHHS and Private Agencies...**

- Monitor parents' progress and compliance with services on a regular basis.
- Report to the court every 3 months as to parents' progress.
- Make recommendations regarding reunification, termination of parental rights, or alternate permanency plans.

# Children in Foster Care Statistics

- MDHHS is responsible for supervision of 12,873 children as of December 31, 2015 down from 18,016 in 2008.
- 35% are placed in unrelated, licensed foster homes
- 32% are placed with relatives (licensed & unlicensed)
- 16% are being supervised in their own homes
- 17% are placement in other placements types

# Adoption Services

**Adoption Services Programs** provide the adoptive placement of state and permanent court wards.

- 80% of the number of children available for adoption were adopted in 2015.\*
- More than 1,700 children were adopted in 2015.
- Eight Post Adoption Resource Centers provide services statewide.

\*Number is estimated because the 2015 number has not yet been finalized.

# Adoption Assistance Programs

**Adoption Assistance Programs** provide adoption assistance, medical subsidy and non-recurring adoption assistance to families who adopt special needs children from Michigan's child welfare system.

- 90-95% of all adopted youth from foster care are eligible annually.
- Administer approximately \$229 million serving approximately 26,500 children each year.

# Guardianship Assistance Program

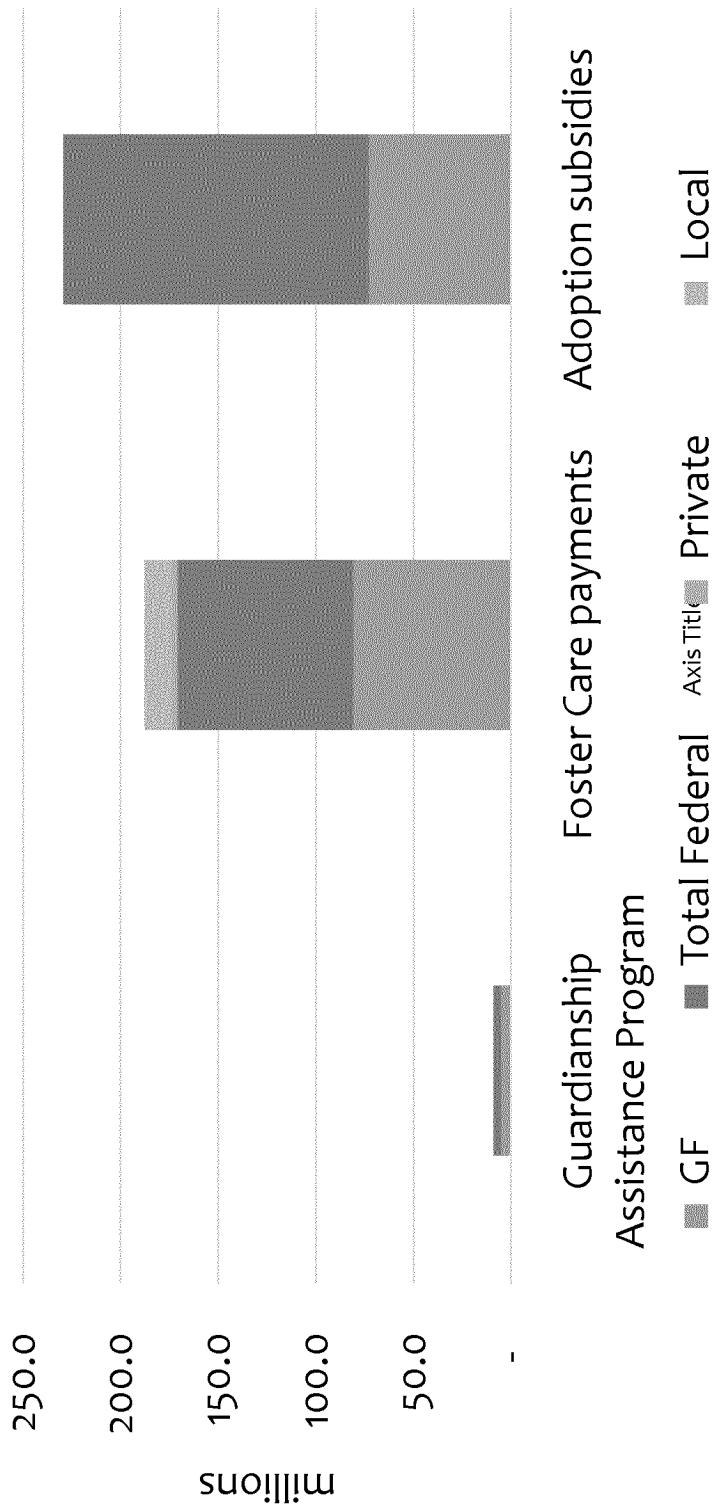
The Guardianship Assistance Program provides financial support to ensure permanency for children who may otherwise remain in foster care until reaching the age of majority.

The transfer of legal responsibility:

- Transitioned the child out of the child welfare system.
- Allows a caregiver to make important decisions on the child's behalf.
- Establishes a permanent caregiver for the child.
- Addresses financial needs through ongoing assistance payments.

# Foster Care, Adoption & Guardianship Payments

## Child Welfare Funding



RICK Snyder, GOVERNOR RICK SYKES, DIRECTOR

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# **Child Welfare Licensing**

**Child Welfare Licensing** protects vulnerable children by regulating and consulting with licensees.

The Child Welfare Licensing division regulates, monitors contracts, and licenses the following:

- Child Caring Residential Institutions
  - Child Placing Agencies
  - Children's Foster Homes
  - Court Operated Facilities
- The Child Welfare Licensing Division regulates 6,838 facilities.

# Juvenile Justice Programs

**Juvenile Justice Programs** provide community based programs and supervision for juvenile justice youth referred or committed to MDHHS.

Youth placed in state-operated and private residential facilities are also provided assessments and services.

Technical assistance, consultation, assessment services and training for community-based and residential juvenile justice programs.



# Juvenile Justice Programs

## Ensuring a Juvenile Justice System that works for Michigan's children

- Properly assess the risks and needs of juvenile offenders to ensure the right type and amount of treatment.
- Develop a network of community-based and in-home programs using evidenced-based outcomes.
- Ensure the most appropriate placement for youth.
- Improve tracking outcomes in the juvenile justice system
  - Development of quality metrics in all future juvenile justice provider contracts.
  - Metrics include: recidivism; placements; length of stay; costs

# Juvenile Justice Programs

## Michigan Committee on Juvenile Justice

- Federally funded, Governor-appointed group of juvenile justice stakeholders who implement programs and make recommendations for system improvement.

## Defending Childhood State Policy Initiative

- Focus on children who suffer trauma as a result of witnessing or experiencing violence.

# **Children's Trust Fund**

**Children's Trust Fund** also known as the State Child Abuse and Neglect Prevention Board, is an independent, autonomous nonprofit organization created by Public Act 250 of 1982.

- Children's Trust Fund serves as Michigan's only source of permanent funding for the statewide prevention of child abuse and neglect.
- The Children's Trust Fund's purpose is to prevent child abuse and raise awareness of prevention through community-based programs.

# Family Support Subsidy

The Family Support Subsidy Program provides a monthly subsidy to families that include children with severe developmental disabilities.

- The subsidy assists to keep families together and reduce the demand for state-provided out-of-home services.
- In FY14, the program served 6,695 children. Only 18 children (0.3 percent) were placed out of home during FY14.

# Children's Behavioral Action Team

- The Children's Behavioral Action Team is responsible for overseeing development of collaborative transition plans to support 50 extremely complex children/youth to be discharged from Hawthorn Center to return home to their families.
- The target population includes children/youth with serious emotional disturbance, ages 5 to 18 currently residing in Hawthorn Center.

# Children's Behavioral Action Team

## Outcome data as of December 31, 2015:

24 children/youth are receiving Children's Behavioral Action Team services representing 14 counties throughout the State, 6 have yet to be discharged from Hawthorn and 18 have been discharged.

- Of the 18 children/youth discharged:
  - 15 (83%) remain in the community and 3 (17%) are currently in residential placements.
  - 75% have remained completely out of psychiatric inpatient care.
  - Seven psychiatric readmissions for five children/youth since March 2015, with 5 successful transitions back to the community.
- The number of days a child/youth served by the Children's Behavioral Action Team spent in any psychiatric hospital post discharge from Hawthorn has been reduced by 65-70%.

# MiSACWIS

## Planned 2016:

- Financials Recouplement and Reconciliation
- Financials Chargeback and Adjustments
- MiCSES (Child Support) Interface
- Child Welfare Licensing Integration
- Field enhancement requests
- Initiate Centralized Intake Web Portal Data Warehouse reporting

## Planned 2017:

- Increase the effectiveness of safety plans
- Increase the performance of the Centralized Intake Hotline
- Provide more efficient tools for permanency planning.
- Further prevent families needing long term assistance from child welfare
- Utilize the Integrated Service Delivery Portal

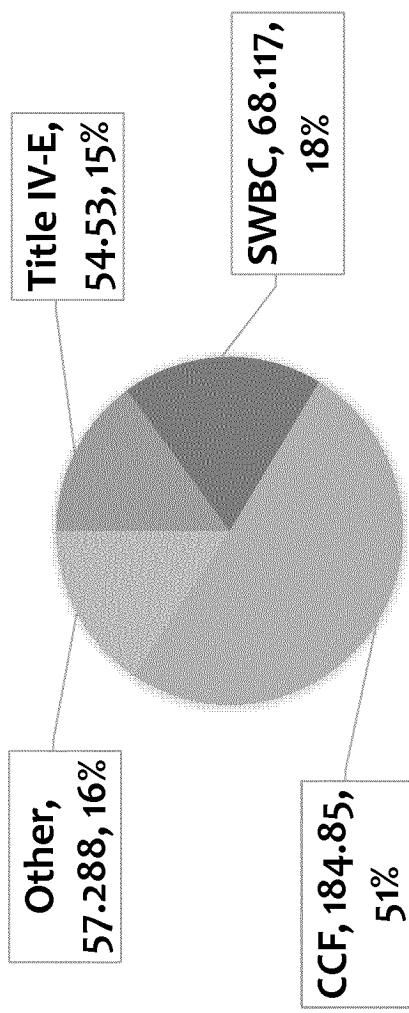
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RICK SNYDER, GOVERNOR RICK NELSON, DIRECTOR

# Cost of Out of Home Placements by Funding Source FY2015

**COST OF FOSTER CARE PLACEMENTS BY FUND SOURCE FY2016 (MILLIONS)**



State Ward Board and Care (SWBC), Title IV-E, and Child Care Fund (CCF) all serve both the Neglect/Abuse and Juvenile Justice populations.

# County Child Care Fund

- Child Care Fund provides financial reimbursement to counties for community-based programming and placement costs for youth in child welfare or juvenile justice programs.
- In-Home Care programs are innovative and creative community-based programs that are developed locally as an alternative to out-of-home placement.
- Each FY the county/tribe must submit an annual plan and budget for approval prior to reimbursement of CCF-related expenses.

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# Juvenile Justice Funding

- County supervised and county administered.
- For Juvenile Justice Cases, the County Child Care Fund pays 100% cost of care and the state reimburses 50% of eligible expenses.
- Only what is outlined in the County/Tribe's approved budget can be reimbursed.
- Counties/Tribes may amend their budgets throughout the year if they deem additional funding is needed.

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# Child Welfare Funding

- State supervised and state administered.
- For County Child Care Fund child welfare cases, the county pays 100% cost of care and the state reimburses 50% of the cost.
- For Title IV-E child welfare cases, the state pays 100%.
- For State Ward Board and Care, the state pays 100% and the county reimburse 50%. The private agency administrative rate is paid 100% by the state.

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# Foster Care and Adoption Payments

- Currently, no major, technical barriers causing delays in payments in MISACWIS.
- MDHHS advanced money to several agencies in 2014 to assist with expediting payments due to conversion issues from SWSS to MISACWIS. 89% of the advances to agencies have been returned to the state.
- Many staff still learning the multi-stage process for payments.
- Began offering specific placement/payment trainings for public and private agency staff.
- Building capacity to conduct regular foster care payment reconciliation functionality.

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# Kent County Performance Based Funding Pilot

- Development of a data-driven draft Kent County case rate and payment methodologies.
- Collaboration to establish 501c status.
- Licensure to become a Child Placing Agency is in process.
- Executed contracts for a project manager, actuary and evaluators.
- Established a dedicated, full time position within Children's Services.
- Aggressively working towards a July 1, 2016 begin date pending resolution of dependencies.
- Information technology opportunities exist: Time and effort of MDHHS staff to incorporate MISACVIS data into Mindshare and potential security/data sharing risks



# Update on Federal Consent Decree

- On February 2, 2016, a federal court hearing took place in which MDHHS entered into a new agreement with plaintiffs.
- The new agreement is titled the Implementation, Sustainability and Exit Plan which replaces the Modified Settlement Agreement.
- The new agreement permits rolling exit of individual items which sets the state on a path toward exiting federal court oversight which will decrease spending on oversight.
- Reduction from 240 monitored requirements to 71 monitored requirements.



# Update on Federal Consent Decree

- Key metrics include:
  - Safety: Maltreatment in Care, Recurrence and CPS
  - Health: Medicals, Dentals and Informed Consents
  - Placements
  - Caseloads
- Key initiatives to address the 71 monitored requirements:
  - Further enhancement of the Book of Business
  - Development of 65 data reports to monitor progress.
  - Interface with Care Connect 360
  - Policy changed requiring all relatives to be licensed.

# Challenges

- Incidents of maltreatment in care has continued to decline; however, further reduction remains a priority. MDHHS is committed to ensuring safe placements for all children in foster care.
- MDHHS is continuing work to gather statewide Juvenile Justice data.
- Increased social work visits and timely medicals and dentals.

# **Successes**

- Renegotiated the Modified Settlement Agreement which has significantly reduced the number of monitored requirements.
- Successful roll-out of Juvenile Justice and County Child Care Fund functions in MiSACWIS.
- MDHHS has met ongoing training requirements for all child welfare workers.
- Implemented the Foster Parent Bill of Rights and the Foster Child Bill of Rights.

# Governor Snyder's FY17 Recommendation

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# MDHHS 2017 Budget Recommendations (in millions)

(Table to be inserted here by DHHS Budget)

# MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: <http://www.michigan.gov/mdhhs>

(OTHER USEFUL LINKS TO BE UPDATED BY LEGISLATIVE OFFICE)



[Speaker Notes For Slide: 47]

We'll once again be hosting a legislative breakfast along with other partners toward the end of April in the Capitol View Building to unveil the County Health Rankings document. This document will provide you with an in-depth look at the health status of your districts. You'll be receiving more information on this in the near future.

I'd like to thank you for your time and attention today and invite any questions you may have.



# Aging & Adult Services Agency

## Fiscal Year 2017

**Presentation to {Senate/House} {Full/Sub}Appropriations Committee  
on Health & Human Services**

**February/March X, 2016**

**Kari Sederburg**, Executive Director, Aging & Adult Services Agency  
**Farah Hanley**, Senior Deputy Director, Financial Operations Administration

# Our Guiding Principles



## Mission

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.

## Vision

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

# Aging & Adult Services Agency

## Vision

For Michigan residents to live well as they age.

## Mission

The Aging & Adult Services Agency provides statewide leadership, direction, and resources to support Michigan's aging, adult services, and disability networks, with the aim of helping residents live with dignity and purpose.

## Aging Network

- 16 area agencies on aging and 1,200+ service providing agencies

## Services

- In-home, nutrition, older volunteers, respite and adult day, legal help, disease prevention, information & assistance, outreach, etc.

## Goals

- Improve the health and nutrition of older adults
- Ensure older adults have choice through increased access to services
- Promote elder rights, quality of life and economic security
- Improve effectiveness, efficiency and quality of services



RICK SCHAFFER, GOVERNOR NICK LYNCH, DIRECTOR  
Michigan Department of Health and Human Services

# Flint Water Response

**Trusted Access Point/Call Center:** Valley Area Agency on Aging (VAAA) serving as access point for older adults who need assistance. Making referrals to other assistance, if necessary.

**Service Data/Targeting Those Affected:** AASA has provided the Michigan State Police with the addresses of more than 2,000 at-risk older adults

- VAAA staff and volunteers making phone calls and home visits.
- Meals on Wheels volunteers helping to install water filters, deliver supplies.
- Local Adult Service Workers reaching out to vulnerable adults in Home Help, Adult Protective Services

**Nursing Homes:** Michigan's Long-Term Care Ombudsman program, is providing help/support to local nursing homes and monitor them to ensure residents have safe drinking water.

**Lead Testing of Older Adults:** 218 Flint residents aged 65 years or older have been tested for lead since Oct. 1, 2015. Of the 218 seniors tested, 8 individuals tested had levels  $\geq 5 \mu\text{g}/\text{dL}$ . None tested higher than  $9 \mu\text{g}/\text{dL}$ .

**State Emergency Operations Center:** AASA is involved and participates on daily SEOC phone calls.



RICK SCHAFFER, GOVERNOR NICK LYON, DIRECTOR

# Service Highlights\*

## Health & Nutrition

- 10.3 million meals served to 109,958 older adults
- 8.2 million home-delivered; 2.1 million congregate
- Senior Project FRESH served 10,239 low-income older adults
  - 350 markets/road side stands representing 2,800 farmers participated
- 9,320 older adults participated in volunteer programs
- A total of 2,948 older adults participated in a chronic disease self-management workshop.

## Choice & Access

- 6,958 caregivers received 867,872 hours of service and 38,563 home-delivered meals (e.g. respite, counseling)
- 92,219 older adults received a wide variety of community-based services (e.g. elder abuse prevention, disease prevention)

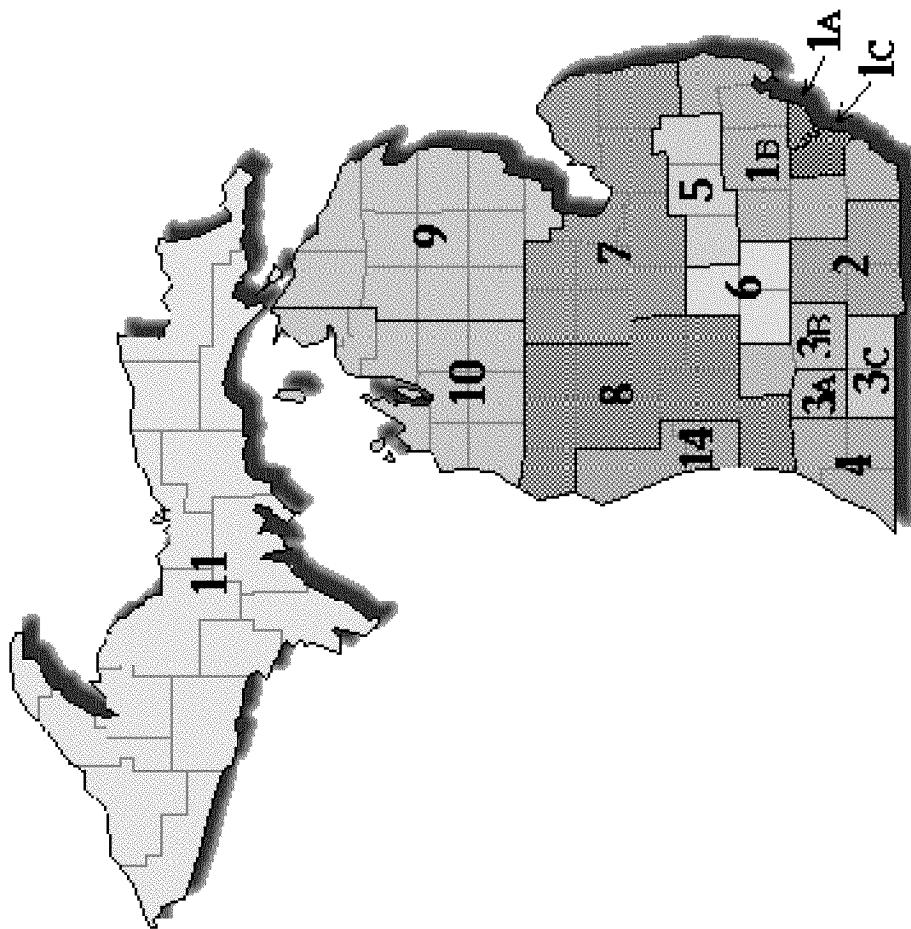
## Elder Rights & Quality of Life

- 39,181 hours of legal services were provided to 12,809 older adults
- 96,405 people received public benefits counseling through Michigan Medicare/Medicaid Assistance Program
- State Long-Term Care Ombudsman consulted with 3,180 individuals and 1,515 nursing home staff
- 447 low-income older adults participated in the Senior Community Service Employment Program



RICK SCHAFFER, GOVERNOR  
NICK LYON, DIRECTOR  
Michigan Department of Health and Human Services

# Area Agencies on Aging



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# Michigan's Aging Population

## Increase in number of older adults

- **2 million** older adults aged 60+ in Michigan (19% of population)
- 85+ age group is the fastest growing; **102% projected increase** by 2030

## Demographics\*

- Majority of this age cohort is women (**55%**)
- More than **13%** identified as something other than European ancestry
- More than **20%** of this age cohort is employed
- Nearly **12%** of adults 60+ have dementia, and **45%** of adults age 85+ have dementia
- **1 in 5 caregivers** care for someone with symptoms of dementia

\*2010 U.S. Census Data

# Michigan's 60+ Population



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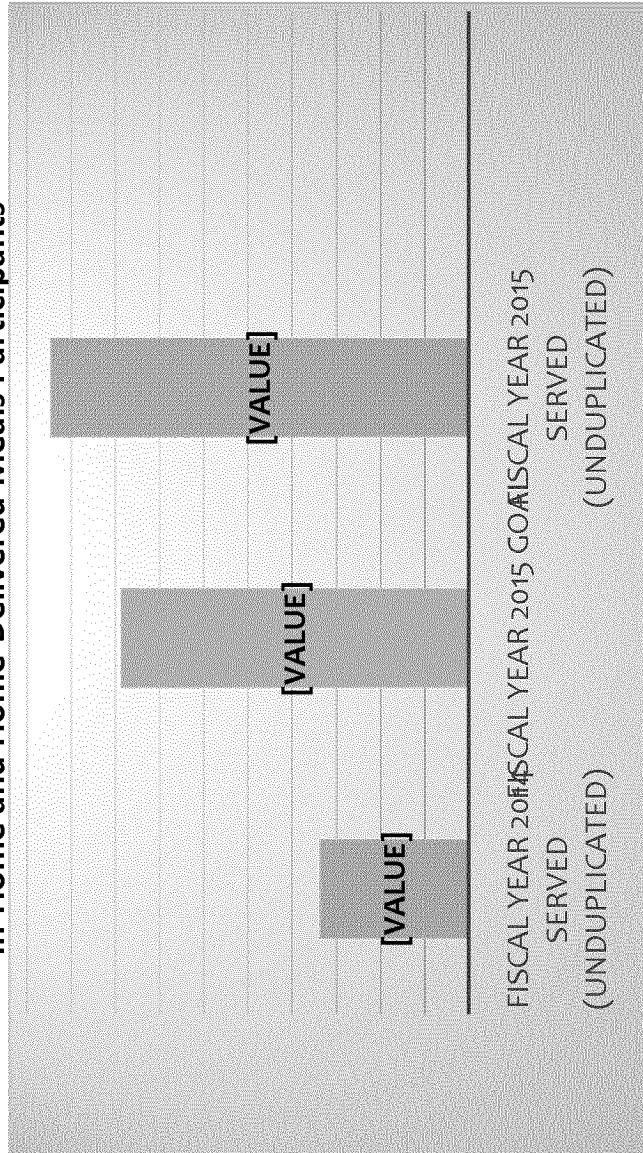


Michigan Department of Health and Human Services  
RICK SAWYER, GOVERNOR NICK WOLFS, DIRECTOR

## No Wait State for Aging Services

- **Aging Network Exceeds FY 2015 Service Goal:** Michigan's aging network received a \$5 million investment for fiscal year 2015 to serve 4,500 residents who were on the in-home and home-delivered meals waiting lists. The network served 6,096 residents in fiscal year 2015, exceeding its goal by 1,596.

In-Home and Home-Delivered Meals Participants



# Profiles of Individuals Served

## In-Home Services:

21,711 older adults were supported by 823,925 hours/units of care management, case coordination, chore, homemaker, home health aide, and personal care.

## Home Delivered Meals:

52,825 home delivered meal participants received 8,295,084 meals.

Home-Delivered Meal Participant Characteristics	In-Home Services Participant Characteristics
64% were aged 75 years or older	67% were aged 75 years or older
64% were female	71% were female
50% lived alone	55% lived alone
39% resided in rural areas	56% resided in rural areas
38% were low-income	28% were low-income
29% were minority by race and/or ethnicity	15% were minority by race and/or ethnicity

# Elder Abuse Prevention

Combating elder abuse, neglect and exploitation, some of the fastest growing crimes in Michigan, remains a priority for the Aging & Adult Services Agency (AASA).

AASA has supported organizations all across the state, through its Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVNT) initiative, to help develop strategies to prevent elder abuse at the local level:

- **Elder Abuse Prevention Training**
  - More than 30 trainers were recruited and they held 72 educational sessions, reaching more than 800 home and community-based services staff and volunteers.
- **Interdisciplinary Teams**
  - Local investigative teams were established and 11 cases of potential elder and vulnerable adult financial abuse/fraud were reviewed. Of those, five cases were submitted for criminal charges; assistance was provided to the remaining six cases.
- **Special Local Initiatives**
  - Example: Michigan Jewish Senior Life was funded to develop a center for elder abuse prevention at its agency.

# **Aging & Adult Services - FY 17 Budget**

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# MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: <http://www.michigan.gov/mdhhs>

(OTHER USEFUL LINKS TO BE UPDATED BY LEGISLATIVE OFFICE)



RICK SCHAFFER, GOVERNOR NICK LYNCH, DIRECTOR  
Michigan Department of Health and Human Services

[Speaker Notes For Slide: 13]

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# Population Health and Community Services Administration Fiscal Year 2017

**Presentation to {Senate/House} {Full/Sub}Appropriations Committee  
on Health & Human Services**

{DATE}

**Susan Moran**, Senior Deputy Director,

Population Health and Community Services Administration

**Farah Hanley**, Senior Deputy Director, Financial Operations Administration

# Our Guiding Principles



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# Population Health and Community Services Administration

Mission:

*To protect & improve the health of all people in Michigan.*

Vision:

*All Michigan residents are healthy, safe, and self-sufficient.*



[Speaker Notes For Slide: 3]

Thank you Mr. Chairman and for the opportunity to address the committee.

Our mission is to protect and improve the health of all people in Michigan. Our vision is that all Michigan residents are healthy, safe and self sufficient.

Our programs and services are organized into six Bureaus:

Bureau of Local Health and Administrative Services

Bureau of Family, Maternal, and Child Health

Bureau of Laboratories

Bureau of Disease Control, Prevention, and Epidemiology

Bureau of EMS, Trauma, and Preparedness

Bureau of Community Services

# Public Health Response in Flint

2015 -16 Supplemental Funding focused on:

- Lead testing and follow-up
- Nutrition support and WIC Outreach
- School Based Initiatives
- Data and Metrics

[Speaker Notes For Slide: 5]

The public health response to the Flint water situation includes multiple agencies and draws upon many local, state, and federal resources to assist with the short term and long term recovery efforts.

The supplemental funding that is directed to the population health and community services administration is focused on four priority areas:

- Lead testing and follow up
- Nutrition support and WIC outreach
- School based initiatives
- Data and metrics

# Lead Testing and Follow-up

- MDHHS is working with local partners to ensure all children are tested for lead
- 6,920 people had blood lead tests (10-15 to 2-5-16) in zip codes 48501 - 48507 (update these two bullets closer to hearing date)
- 63 children (2.3%) in above zip codes have blood lead levels above 5mcg
- *Weekly Blood Lead Level Test Results for Selected Flint Zip Codes posted on the Michigan.gov/flintwater website*

[Speaker Notes For Slide: 7]

Blood lead testing is an important part of our effort to identify children who are exposed to lead sources in the environment, including water. Children less than 6 years of age are particularly at risk because they absorb more swallowed lead than older children and the younger brain and nervous system is still developing. When a child is at risk, a blood test is done as a marker for lead exposure.

Blood lead testing can identify children who have had recent exposure to lead sources- MDHHS recognizes that the full community of Flint must be the focus of the public health response, dating back to April 2014 when the water source changed. MDHHS publishes a weekly BLL test report that may be found on the flintwater website.

# **Lead Testing and Follow-up**

## **Nurse Case Management**

- Nurse Case Management:** child health assessment, nutrition counseling, education about lead, visual assessment of the home, developmental screening and community service referrals for children with elevated blood lead levels (EBL).
  - Genesee County Health Department: funding supports 2 nurses and 1 Community Health Worker
    - 163 families have been offered case management
    - 53 families (as of 2-19-16) currently are receiving the service

[Speaker Notes For Slide: 9]

The Michigan Department of Health and Human Services is partnering with the Genesee County Health Department to ensure families are being offered case management support. The initial case management provided by GCHD includes a health assessment, nutrition counseling, education about lead sources, and linking back to the primary care provider for all ongoing follow up. Additional state funds were allocated to the Genesee County Health Department to support nurses who are trained to provide education and assistance to families of Flint children with elevated blood lead levels – and community health workers to assist in locating and engaging families. Population Health, Medical Services Administration, and Medicaid Health Plans are working together to develop procedures, training and billing codes to assure that CM and in-home nurse follow-up services will be available for all Medicaid-enrolled children with an EBL.

# **Lead Testing and Follow-up**

## **EBL Investigations**

- Home investigation is a resource offered to families where elevated blood lead level has been detected
- Environmental investigations help identify potential lead sources
- 30 EBL investigations have been completed as of 2-16-16
- Potential sources of lead include:
  - dust
  - soil
  - paint
  - water

[Speaker Notes For Slide: 11]

Once a child/children have been identified with elevated blood lead level, a referral for a home investigation is offered. The home investigation tests and confirms all sources of lead, including water, faucets and fixtures, and recommends ways to control and abate lead hazards. Lead abatement work may involve: replacing dry wall, windows, faucets, and cleaning of any surfaces with lead. This work is done through building contractors. The FY 16 supplemental includes \$1.5 million to abate lead from additional 100 homes in City of Flint.

During FY 15: 192 homes statewide were abated.

7 homes were abated in Flint Fiscal Year 2015

12 health departments that receive some combination of grants listed below:

- 3 receive Intervention grants (based on data; augments billing for nursing assessment visits/CM fir 3 areas with highest number of children with EBLs).
- 8 currently receive Prevention grants (based on data; provides small amount of funding to work with children with EBLs 5-14 or pregnant women, to prevent EBL from going up or to address hazards before baby is born. One additional health department with higher numbers had turned down funding, now is expressing interest in the \$\$).
- 8 receive Education & Outreach grants (organized by Prosperity Region; 2 additional regions need to be re-bid).

# Nutrition Support and WIC Outreach

## Nutrition Support: Focus on Reaching Children 0-6

- \* Contract with Food Bank Council to expand lead mitigating food
- \* Nutrition classes and taste testing at food distribution sites
- \* Nutrition-focused hot line to the 211 system
- \* Expand summer food programs for students/community
- \* Backpack programs for 17 schools in Flint

[Speaker Notes For Slide: 13]

Nutrition can play a pivotal role in preventing childhood lead poisoning. When minerals such as calcium and iron are deficient in the body, lead absorption is increased-- so children whose diet is deficient in these minerals retain more of the lead than they would have otherwise. Foods that contain calcium such as milk, yogurt, and cheese can help the body absorb less lead. Vitamin C is also important. Vitamin C helps the body absorb iron. The two team up to reduce lead absorption.

Two mobile food banks will be up and running this week in areas of Flint with that are known to have the highest lead levels in children.

MSU Extension is contracted to provide nutrition classes and taste testing at food distribution sites, also added a nutrition-focused hot line to the 211 system.

Ongoing work includes expanding summer food programs, backpack programs in 17 schools, and setting up new food bank distribution sites.

# Nutrition Support and WIC Outreach

## WIC Outreach

- \* New WIC clinic at Hurley Health System (open in 3/2016)
- \* Expand WIC services in the 2 existing WIC GCHD clinics
- Collaborate with community partners to expand WIC in new locations
  - Coordinate WIC nutrition education and ‘Fight Lead with Nutrition’ messaging with MDE, SNAP, FMNP and hospitals
  - Increase support for lead testing in all WIC clinics in Flint



RICK SCHAFFER, GOVERNOR | NICK LYON, DIRECTOR  
Michigan Department of Health and Human Services

[Speaker Notes For Slide: 15]

The Special Supplemental Nutrition program for Women, Infants and Children provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

A new WIC Clinic is scheduled to open at Hurley Health System next month. This will increase access to WIC services for many families with young children. WIC was approved to receive \$18,000 USDA special grant funds to develop and implement an online lead nutrition education module at [wichealth.org](http://wichealth.org). WIC is working with GCHD to identify locations in north Flint for a WIC clinic and discussed outreach to existing clinics. USDA has approved use of WIC funds for lead testing in all WIC clinics in Flint.

# School Based Initiatives

## Child & Adolescent Health Centers

- 100 school based/linked health centers in medically underserved schools and communities in Michigan
- Primary and behavioral health care to K-12 students
- Two existing school based/linked health centers in Flint – Northwestern MS/HS and Beecher MS/HS
- FY16 supplemental provided expansion funding to Flint's existing program
- Create a CAHC “network” using North western's CAHC as a primary care hub
  - Target 3-6 schools in close proximity to Northwestern with primary care, school nursing, oral health and behavioral health services.



[Speaker Notes For Slide: 17]

The Child & Adolescent Health Center program provides a unique opportunity to address the primary care and behavioral health needs of children and adolescents in high need medically under-served communities. Nurse Practitioners, Social Workers, Dietitians, and Health Educators within these centers provide client centered onsite health care to K-12 students during the school day, keeping students at school and in class whenever possible.

We have two longstanding CAHCs in Flint, at Northwestern Middle and High School and at Beecher Middle and High. Both are operated by Mott Children's Health Center in partnership with Flint Community Schools.

As part of the FY16 supplemental, funding has been allocated to create a Child & Adolescent Health Center "Network"; using Northwestern as the hub for primary care with 3-6 satellite schools providing school nursing and behavioral health care. These network and satellite sites operate as a coordinate system of care, with referrals and care coordination occurring as needed.

The fully operational "network" will be open within the next 3-6 months.

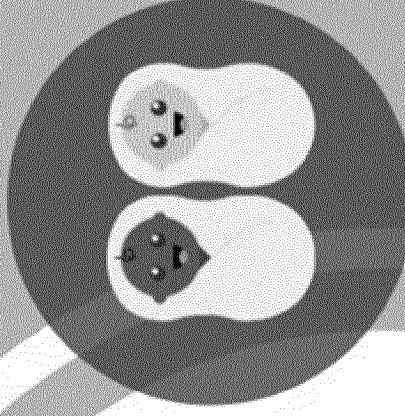


Nutrition, Physical Activity, and Obesity



Immunizations

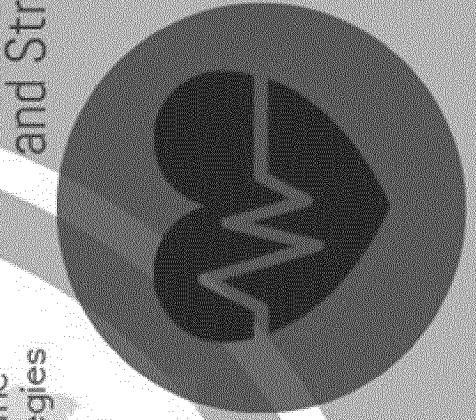
Healthy Babies



# MICHIGAN'S Winnable Battles

Following the leadership of the Centers for Disease Control and Prevention's Winnable Battles to achieve measurable impact quickly, Michigan has identified the population health priorities with the largest-scale impact and known effective strategies to address them.

Tobacco



Heart Disease and Stroke

[Speaker Notes For Slide: 19]

The term "Winnable Battles" originally came from CDC. Winnable Battles are public health priorities that are leading causes of death and illness, and conditions for which there are known effective strategies can have impact.

By identifying Michigan's priority strategies, setting clear targets and working closely with our public health partners, we are making significant progress in reducing health disparities and the overall health burden from these diseases and conditions.

Michigan's Five Winnable battles are shown here: Nutrition, physical activity and obesity, Heart disease and stroke, Healthy Babies, immunizations and tobacco.

# Physical Activity, Nutrition and Obesity

- Obesity is a leading cause of preventable death
- Obese adults often suffer heart disease, stroke, diabetes, asthma, and arthritis
- Obesity rates have leveled off over the past few years, but more efforts are needed
- The Governor's 4 x 4 plan:
  - Increase healthy eating & active living
  - Policy & environmental change strategies
  - Building partnerships and coalitions

[Speaker Notes For Slide: 21]

2.4 million adults are currently obese in Michigan.

In 2013, 271,000 Michigan high school students were either overweight or obese.

The obesity rate is 30.7 % in 2014 down from 31.5% in 2013.

To reduce those rates we've established 4 x 4 Local Coalitions to implement policy and environmental change.  
My administration is working with the Governor's Fitness Council on the 2016 MDHHS Director's Award application encouraging organizations to apply that have made positive physical activity and healthy eating.

We make the healthy choice easier in workplace environments across the State of Michigan by:

Promoting Designing Healthy Environments at Work (DHEW) assessment and action plans.

And by promoting the Healthy School Action Tools(HSAT) assessment and action plan –used by schools.

# Heart Disease and Stroke

- Million Hearts® - a national program to prevent 1 million heart attacks and strokes
  - Improve access to effective care
  - Prevention of heart attack and stroke
  - Improve use of health technology
  - Identify patients with high blood pressure
  - Assist patients in managing high blood pressure

[Speaker Notes For Slide: 23]

Michigan is a Million Hearts state. Million Hearts is a national initiative to prevent one million heart attacks and strokes by 2017.

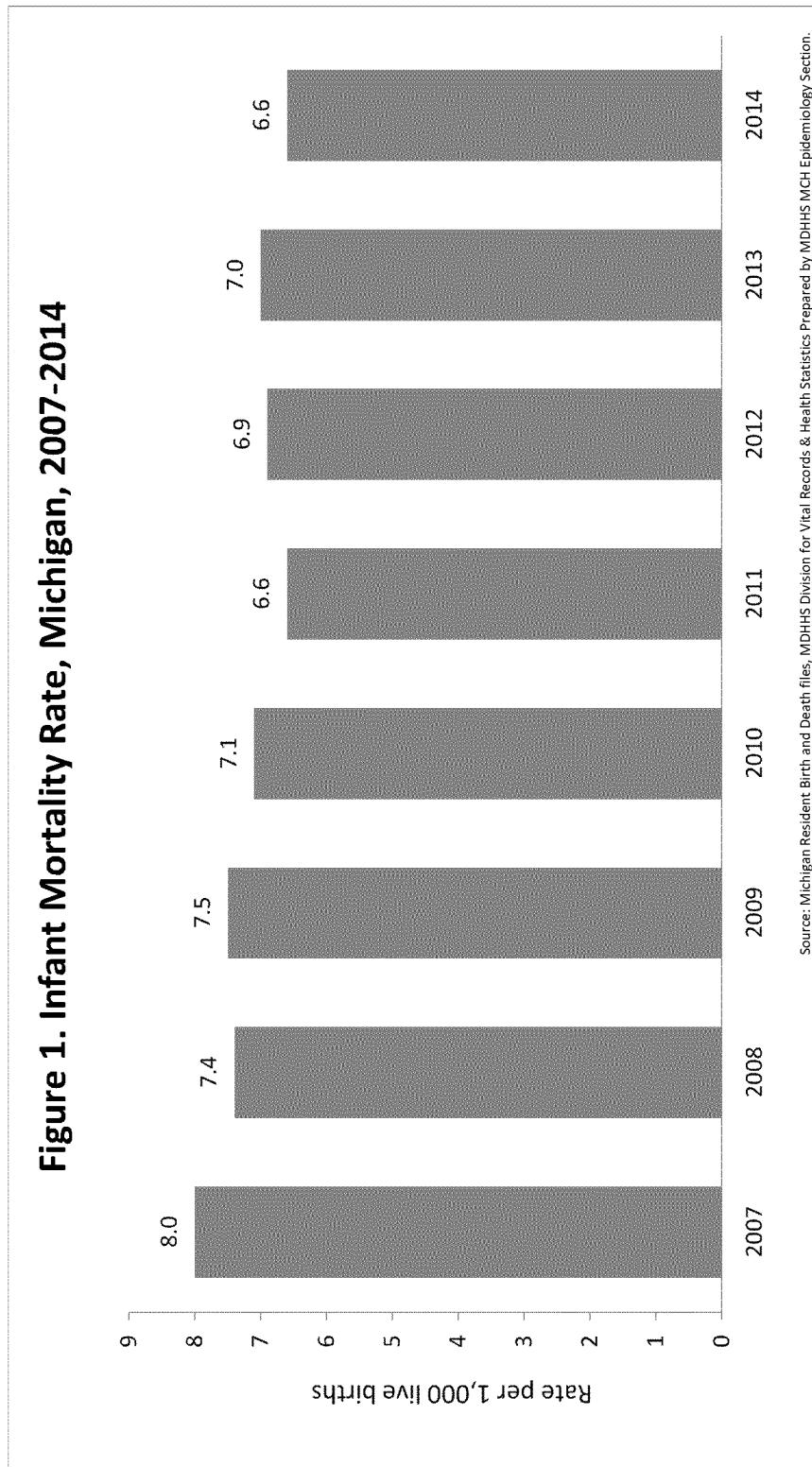
Heart disease is the number one leading cause of death in Michigan, and stroke is number four.

High blood pressure is the number one modifiable risk factor for both stroke and congestive heart failure. Those with uncontrolled hypertension are most at risk for heart attack, heart failure, stroke and kidney disease.

Other strategies include collaborating with public and private sector partners to improve use of electronic health technology and team-based care in health systems to increase identification of patients with high blood pressure and assist patients to manage high blood pressure, b) increase community-clinical linkages of resources to address hypertension control, and c) improve the quality of stroke care for patients across the entire continuum of care (i.e., before they get to the hospital, while they are in the hospital and after they leave the hospital to prevent stroke reoccurrence).

# Healthy Babies

**Figure 1. Infant Mortality Rate, Michigan, 2007-2014**



Source: Michigan Resident Birth and Death files, MDHHS Division for Vital Records & Health Statistics. Prepared by MDHHS MCH Epidemiology Section.



[Speaker Notes For Slide: 25]

Talking Points 1.

This rate is consistent with a decreasing overall trend. The lowest single year rate ever achieved by the state is 6.6 per 1,000 births for 2011 and 2014. The 2014 rate of 6.6 % is still provisional.

The Infant Mortality Reduction Plan emphasized 9 key strategies.

Certificate of Need requirement for Special Care Nurseries in birthing hospitals.

Collaborations with birthing hospitals:

Referrals to evidenced-based home visiting programs

Provide information and education on safe sleep practices

# Healthy Babies

- New funding appropriated in FY2015
- Directed to 3 rural Prosperity Regions – Upper Peninsula, Northwest, and Northeast
  - Local agencies are providing evidence-based home visiting services
- 15 new home visitors are trained and actively enrolling families
- All 3 regions working as a Quality Improvement collaborative - successful outreach, enrollment & retention strategies
  - Services will promote participation in well-child visits & healthier outcomes

[Speaker Notes For Slide: 27]

In FY15 Across the three regions (Prosperity Regions 1, 2, and 3), the new Healthy Families America programs have already had contact with over 330 families. Of those, 162 are engaged in the enrollment process for these new programs. The funding is fully allocated this year. Once the Rural HFA programs are at full operation, we anticipate that an average of about 300 families will be served each year, across regions 1, 2 and 3.

For the first year that a home visitor is employed and trained to use the HFA model, the model requires that they have a limited case load, so we are anticipating about 225 families for this fiscal year.

- Original appropriation of \$2.25 million for FY2015, reduced to \$1.70 million in FY2016, with a work project to carry forward unspent funding from FY2015.
  - Special project submitted for FY2017 to restore to original appropriation.
- The services will facilitate healthier outcomes for the children and families involved.

# Immunization

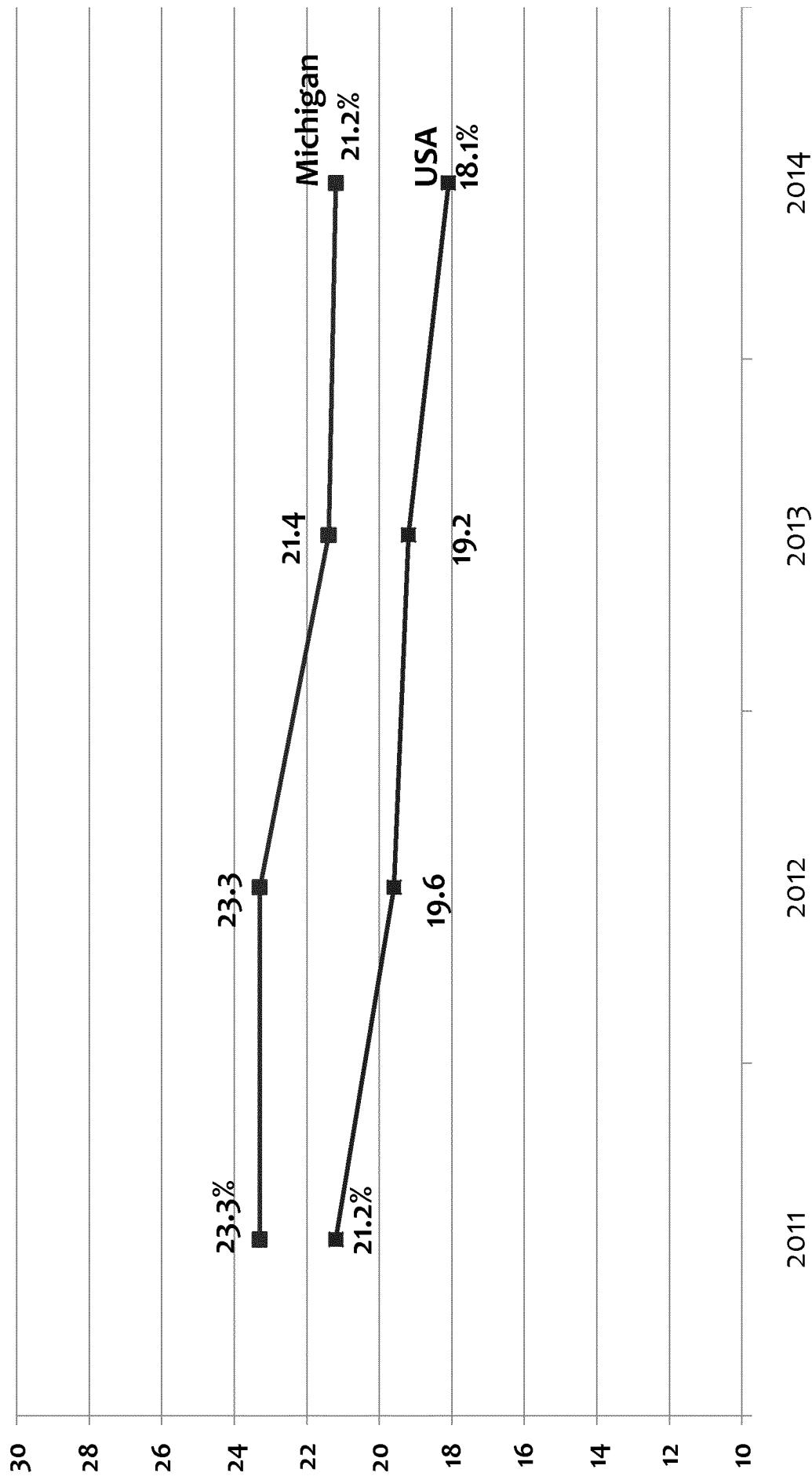
- 74% of children 19-35 months in MCIR completed recommended vaccine doses.
- 1,553,666 doses of vaccine valued at \$87,526,676 distributed through Vaccine for Children Program to providers.
- 118,244,255 doses of vaccine given to 9,414,204 Michiganders now in MCIR.
- Administrative Rules amended in 2014 require education at the time a nonmedical waiver is signed. Results so far:
  - ✓ More kids are protected from vaccine preventable diseases due to 1.80% decrease in immunization waivers.



[Speaker Notes For Slide: 29]

Michigan has a nationally recognized vaccine tracking system called the Michigan care Improvement registry. According to MCIR, 74% of young children have received all the recommended doses of vaccines – we are working hard to increase our immunizations series completion rate to over 80%. Amended Administrative Rules went into effect in January of 2015 which required a parent requesting a nonmedical exemption for vaccinations for school or childcare entry, to meet with local health department staff to discuss their decision not to vaccinate. This conversation is an opportunity for parents to express their concerns about vaccinations and receive the most recent information about the benefits of vaccinations for the student and the community. This rule did not take away the parents ability to sign an immunization waiver. By decreasing immunization waivers in MI we are getting more children vaccinated which protects all Michiganders. 1.80% decrease in the percentage of children receiving an immunization waiver (4.60% to 2.80%) for schools representing a 39.13% decrease in the statewide waiver rates.

# Smoking Prevalence in Michigan compared to USA [BRFSS 2011-2014]



[Speaker Notes For Slide: 31]

Tobacco is the leading cause of preventable death and disease in MI. As you can see from the graph the rate of adult smoking has been declining..  
21.4% of MI adults in comparison to national rate of 18.1%

E cigarettes is a growing problem in our youth:

11.8% of MI high school students currently smoke cigarettes.

In 2014, e-cigarettes became the most commonly used tobacco product among youth. According to a 2016 CDC Vital Signs Report, E-cigarettes typically deliver nicotine, which at a young age may cause lasting harm to brain development, promote addiction, and lead to sustained tobacco use. surpassing conventional cigarettes. During 2011 to 2014, current e-cigarette use among high school students soared from 1.5 percent to 13.4 percent, and among middle school students from 1.6 percent to 3.9 percent. Spending on e-cigarette advertising rose from \$6.4 million in 2011 to an estimated \$115 million in 2014.

# Community Action Agencies

**Michigan CAAs provide services to  
201,864 low-income individuals in 109,377 families\***

Vulnerable populations served by Michigan CAAs included:



[Speaker Notes For Slide: 33]

Within the Bureau of Community Services, Community Action is unique in its comprehensive approach to alleviating poverty. Community Action Agency's services include programs that address education, emergency services, employment, health, housing, utility assistance, weatherization assistance, linkages, income management, nutrition, and self-sufficiency. Community Action Agencies develop community partnerships, involve low-income customers in their operations, and coordinate an array of services within their community.

As an example, Genesee County Community Action Resource Department (GCARD), made significant contributions to its community in 2015. As a first responder to the Flint Water Crisis, GCCARD provided warehousing and inventory resources for 20,000 water filters and also the coordination and distributing water filters to the public at four distribution sites. GCARD's assistance provided 16,000 Flint residents with water filters, basic safety instructions, installations to home bound seniors, and delivery of filters to MDHHS local offices to replenish their supplies. GCARD is currently working with the Red Cross, National Guard, MDHHS, Correction's Volunteers, United Way, and many others as this crisis has accelerated to a National Disaster.

The slide shows data from the 2015 State CSBG Factsheet for Michigan (FY2014 Data). Approximately 201,864 low-income individuals in 109,377 families were provided services addressing 645,051 indicators of movement towards self-sufficiency. The highest indicators listed in the 2015 report were addressing emergency assistance (approximately 40%), and addressing child and family development and family stability (approximately 38%). The types of indicators correlate with the population served; 53,223 children, 26,927 people with disabilities, 12,915 people who lacked health insurance, and 56,727 seniors. Nearly 72% of Head Start Children in Michigan are served through a community action agency.

# Crime Victims Services Programs

## Crime Victim Compensation

## Crime Victim Assistance

## Crime Victim Rights and Assessment Revenue

Last resort for unpaid medical bills, loss of earnings, burial costs, counseling needs

Federal pass-through dollars to local public and non-profit agencies engaging in direct services to victims of crime through a competitive grant process

The Sexual Assault Forensic Exam Program, also known as S.A.F.E. Response, allows sexual assault victims to receive a forensic exam at no cost.

Restricted funding to support Crime Victims Rights Activities  
Funds Prosecuting Attorneys and Juvenile Courts  
Supports mandatory notification rights of crime victims including the Michigan Crime Victims Notification Network  
Provides advocate training to better assist victims

[Speaker Notes For Slide: 35]

As part of our department merger, Crime Victims Services was moved into the Bureau of Community Services.

As you can see there are three main areas: crime victims compensation, assistance for victims of crime, and crime victims rights and revenue.

# Crime Victims Services—Key Initiatives

- Expand forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault
- Raise awareness across the state about Crime Victim Services in a major ad campaign
- Improve procedures to treat sexual assault victims and t evidence collection
- Increase the volume of victims notified of criminals' whereabouts when transferred in the county or state jail system
- Crime Victim Grants
  - Provide resources for victim advocate services in local prosecutor offices
  - Funded with Crime Victim fees

[Speaker Notes For Slide: 37]

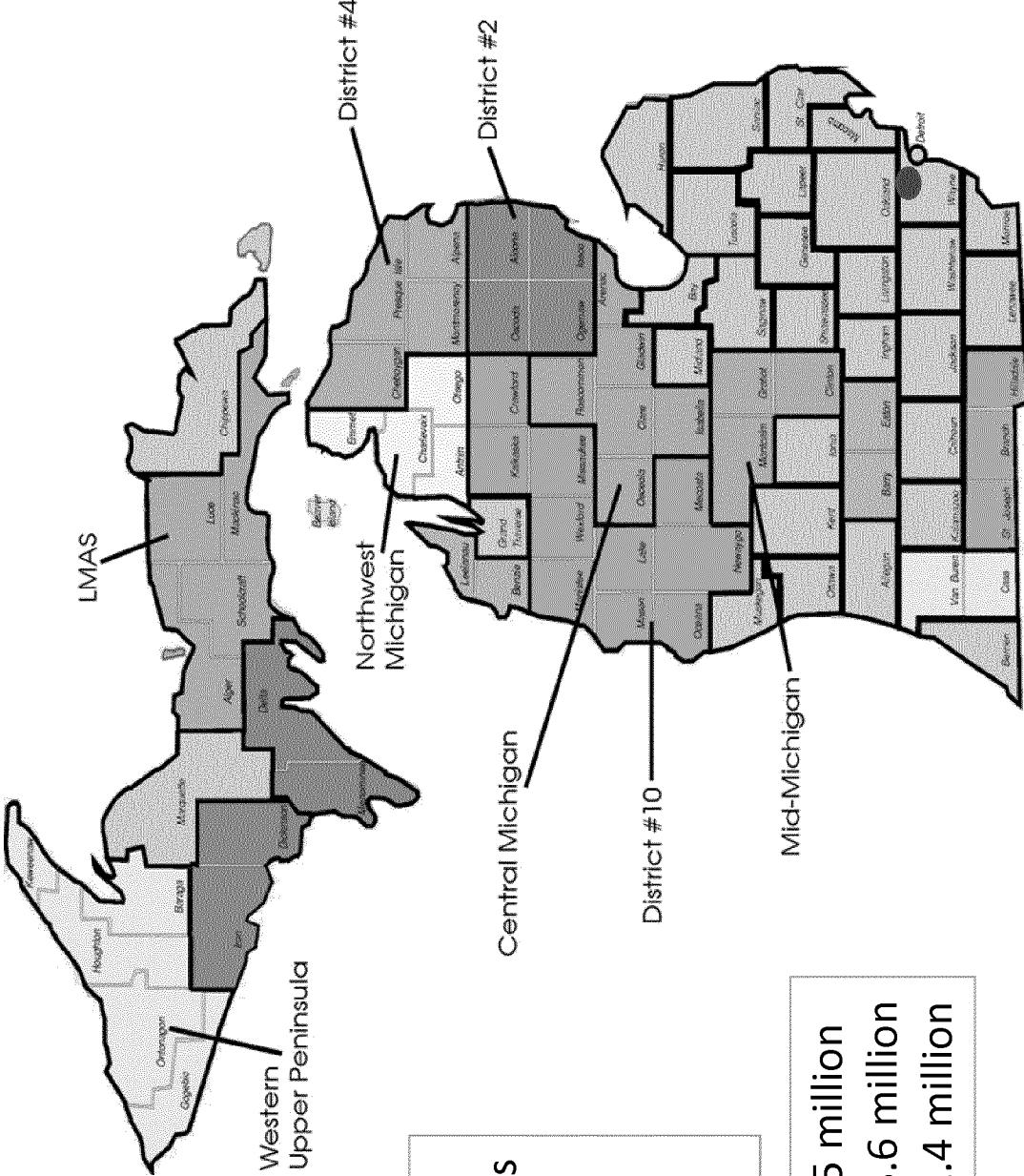
The ad campaign features public service announcements, radio, Palace of Auburn Hills ads during Pistons games, bus skin advertisements, social media ads and messaging inside various businesses and law enforcement agencies.

The Crime Victims Program Works with Michigan State Police, Michigan Hospital Association, Michigan State Medical Society and Michigan Nurse Association on improving procedures on the treatment of sexual assault victims and evidence collection.

Crime Victims Program also works with Department of Corrections to increase notifications of criminals locations as they are transferred to various correction facilities and when released.

Lastly, Crime Victim Services Commission recently moved to the following location: Grand Tower, suite 1113, Grand Avenue in Lansing.

## *Local Partners in Health*



**Services:** ~5 million  
**Visits:** ~3.6 million  
**Patients:** ~1.4 million

## **LOCAL HEALTH DEPARTMENTS**

[Speaker Notes For Slide: 39]

The governmental public health system in the United States is comprised of federal agencies, state health agencies, tribal and territorial health departments, and more than 2,500 local health departments. Coordination across these different levels of government is essential in assuring the public's health. There are 45 local health departments in Michigan. Many of the health departments cover multiple counties. Local Health departments help create and maintain healthier communities—they support healthier choices in areas such as diet, exercise, and tobacco, lead efforts to prevent and reduce the effects of chronic diseases, such as diabetes and cancer, and detect and stop outbreaks of diseases like measles, tuberculosis, and foodborne illnesses.

Basic Services

- Hearing and Vision Screening
- Vaccine Delivery
- Communicable Disease Identification and Treatment
- Restaurant Inspections
- Safe Drinking Water Provision
- Family Planning Service Delivery
- Chronic Disease Prevention and Management

# Governor Snyder's FY17 Recommendation

41



# MDHHS 2017 Program Investments and Other Adjustments (in millions)

## Resources for the People of Flint

Continues programming intended to evaluate and assist those affected by lead contamination, including longer-term issues.

Provides \$7.2 M Gross, \$6.7 M GF/GP to:

- Support lead testing and follow up (\$1.7 M Gross, \$1.2 M GF/GP).
- Provide nutritional support (\$5.1 M Gross, \$5.1 M GF/GP).
- Provide school based initiative (\$0.2 Gross, \$0.2 GF/GP).
- Data/metrics (\$0.2 Gross, \$0.2 GF/GP).

# MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: <http://www.michigan.gov/mdhhs>

(OTHER USEFUL LINKS TO BE UPDATED BY LEGISLATIVE OFFICE)

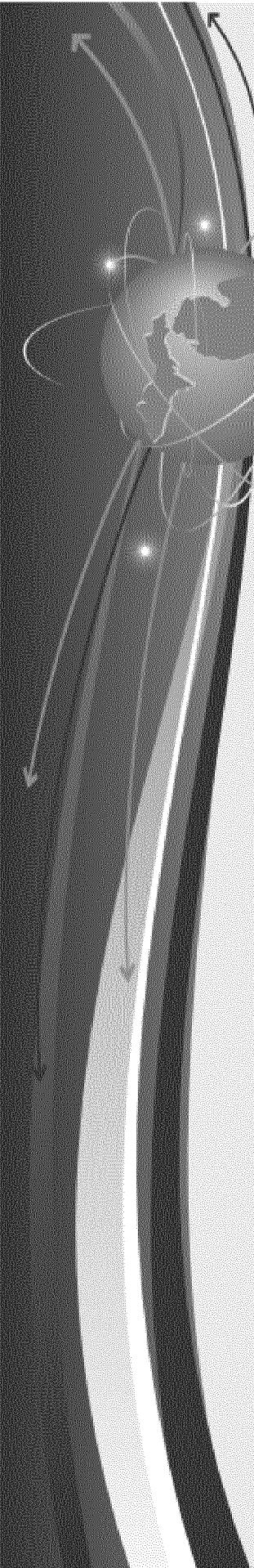


RICK SCHAFFER, GOVERNOR NICK LYNCH, DIRECTOR

[Speaker Notes For Slide: 43]

We'll once again be hosting a legislative breakfast along with other partners toward the end of April or early May to unveil the County Health Rankings document. This document will provide you with an in-depth look at the health status of your districts. You'll be receiving more information on this in the near future.

I'd like to thank you for your time and attention today and invite any questions you may have.



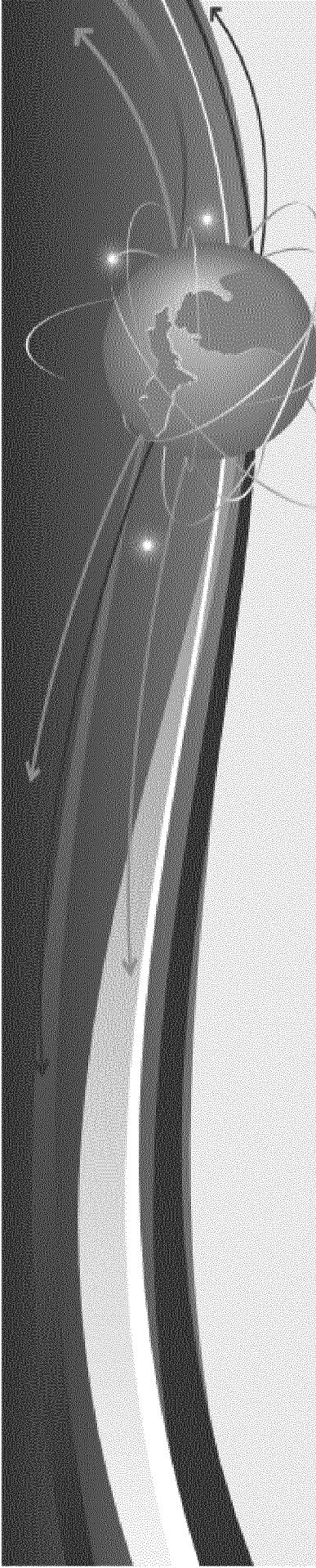
# Field Operations Administration Overview

Fiscal Year 2017

Presentation to House Appropriations Subcommittee  
on the Department of Health & Human Services

March 1, 2016

**Terrence M. Beurer**, Senior Deputy Director, Field Operations Administration  
**Farah A. Hanley**, Senior Deputy Director, Financial Operations Administration



# ***Our Guiding Principles***

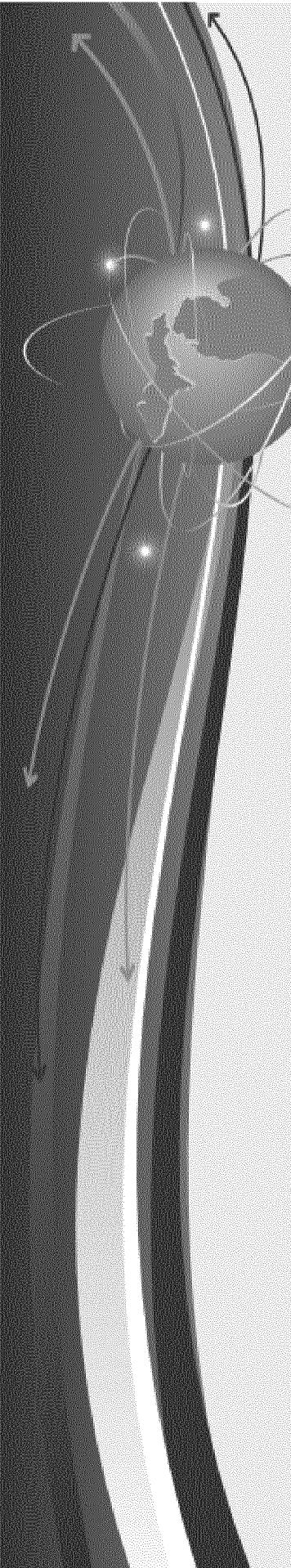
## **Mission**

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.



## **Vision**

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.



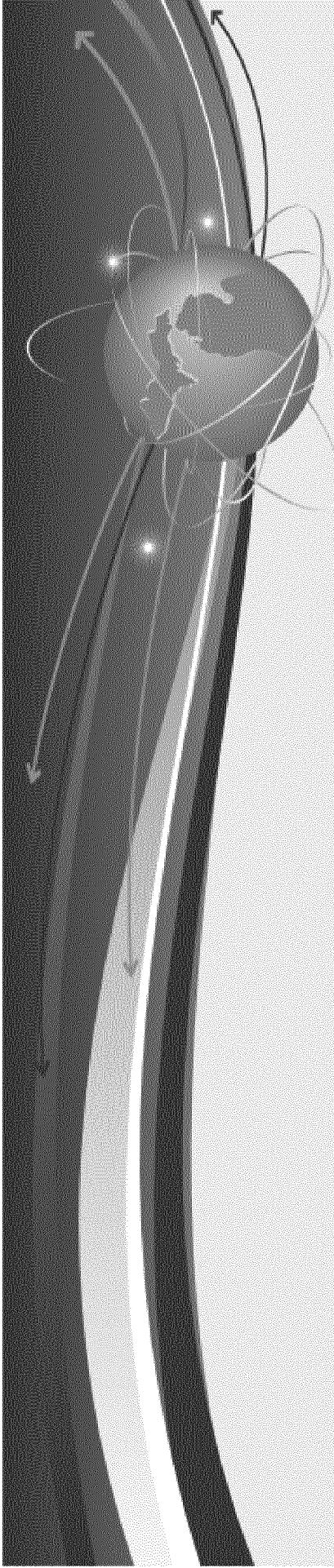
## ***Field Operations Administration's Mission***

Pursuant to the mission and vision of the Department, Field Operations Administration (FOA) oversees the local DHHS offices that provide:

- Food Assistance, child care, cash benefits, etc. for families and individuals in need
- Supportive Services such as employment and training

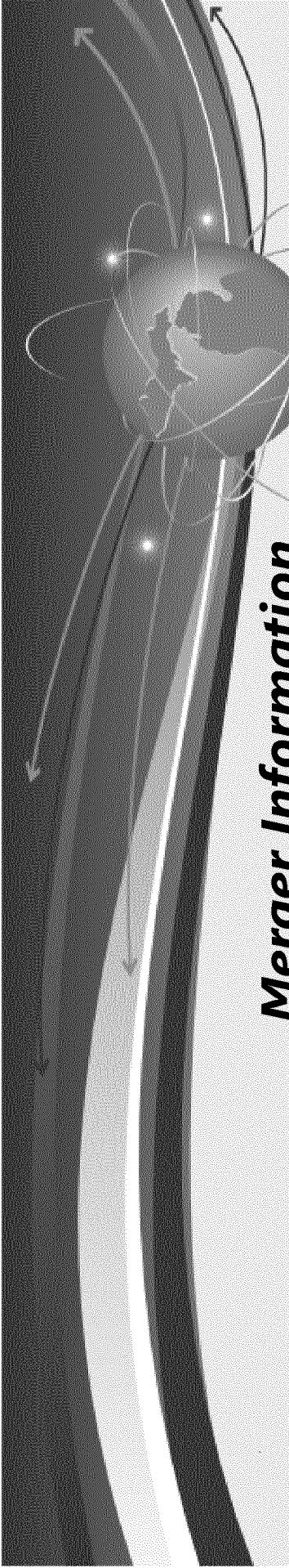
FOA is also responsible for the oversight of the following Central Office Units:

- Disability Determination Services, which is responsible for determining disability eligibility for state and federal programs
- Office of Child Support, which is responsible for Child Support enforcement



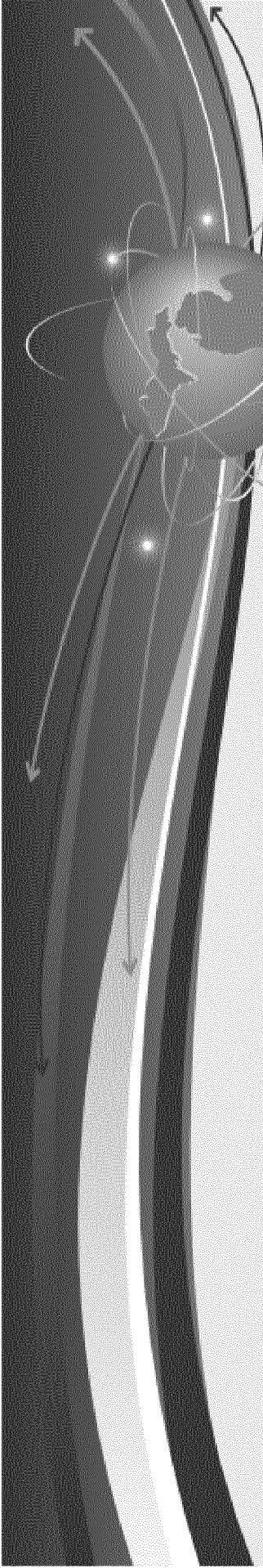
## Action on Flint Declaration of Emergency

- Teams of Genesee DHHS workers in conjunction with the State Emergency Operations Center have visited every home in Flint twice and we continue to purchase and make deliveries of water filters, replacement cartridges, and water test kits.
- Adult services workers and other staff that make home calls take filters, replacement cartridges and test kits with them and deliver if needed.
- Expedited translation of documents.
- Prominent display of information in the local DHHS office lobbies and dissemination to clients seen, on all available services in Flint.
- Six additional Pathways to Potential success coaches for Flint were approved in a FY 2016 supplemental and are also included in the FY 2017 Executive Recommendation.



## **Merger Information**

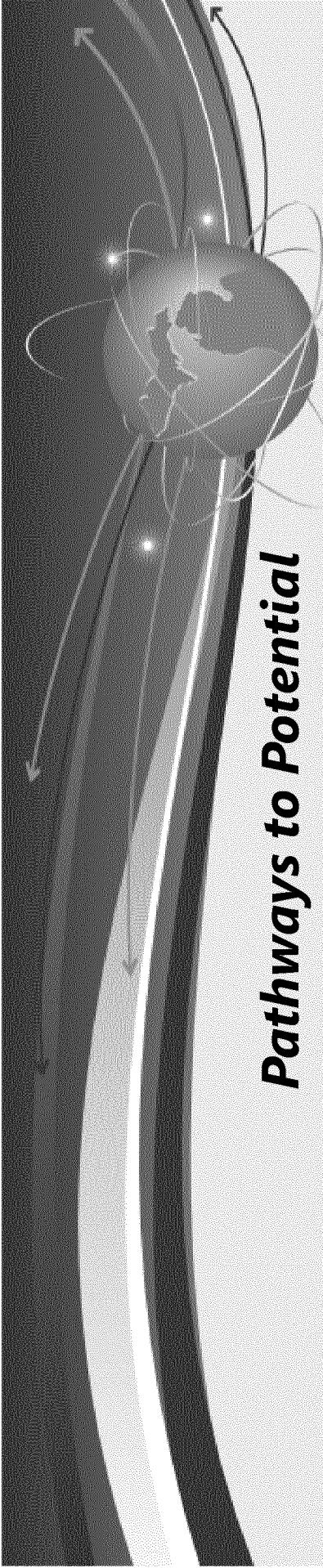
- 12 local offices have consolidated, closed or relocated since the department merger.
- Local offices have been excited about the new opportunities presented by the movement of their office to a new location.
- Locations report that clients have indicated how convenient it has been for them.
- Currently we are merging central office locations; reviewing previous DCH field locations to be consolidated into local DHHS offices as well as reviewing our lease portfolio and location of community partners to determine the right course for consolidation.
- Approximately \$2.4 million (gross) savings has been realized, as required by the FY 2016 budget.
- 252 FOA positions have been filled since the hiring freeze was lifted on October 27, 2015 (as of January 30, 2016).



## ***Pathways to Potential***

### **Goals**

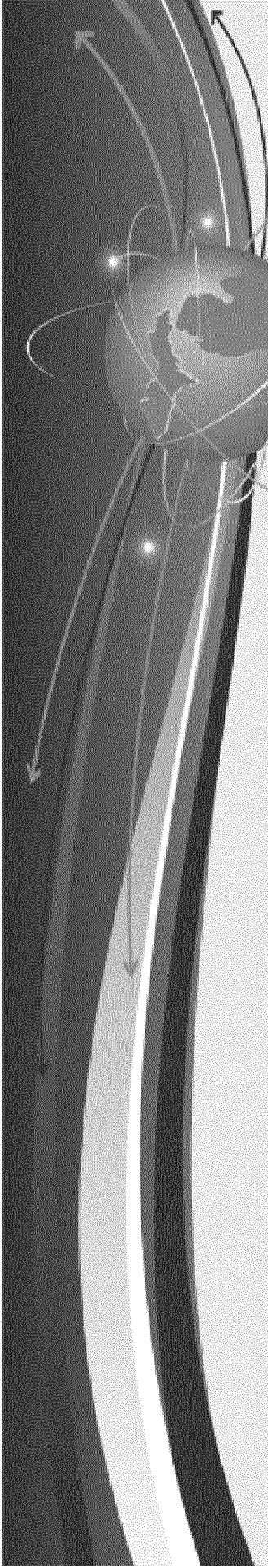
1. Decrease chronic absenteeism by at least 10%
2. Expand to more rural areas
3. Focus on mental health and wellness and skills-based training
4. Hire and retain qualified staff
5. Partner with districts and the Michigan Department of Education to create and collect more meaningful metrics



## ***Pathways to Potential***

### **Highlights**

1. The reduction in chronic absenteeism for the 2014-15 school year was 37.23%.
2. Added 9 new counties and 20 new schools in mostly rural areas. This increases our Pathways to Potential presence to a total of 219 sites in 22 counties.
3. Continuing restorative justice and reducing barriers to learning training; AmeriCorps Summer youth employment and mentoring; Michigan Career Technical Institute/Michigan Rehabilitation Services skills-based training for employment; integrating services at the community level to assess and map family success.

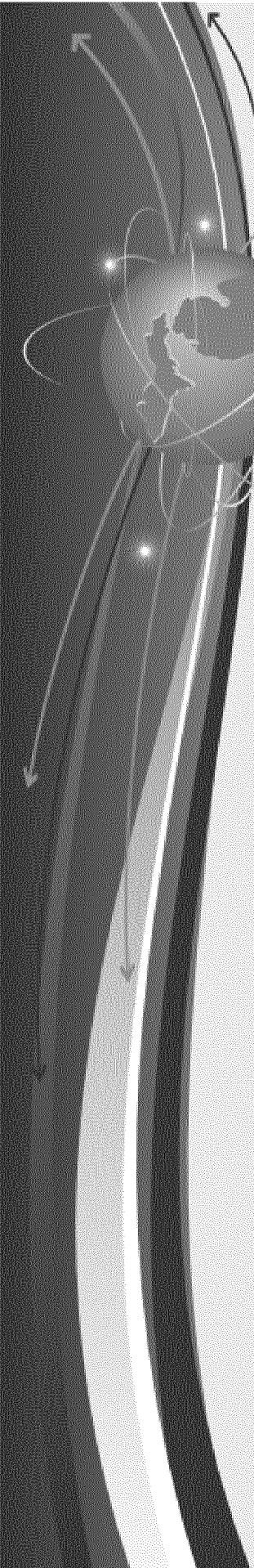


## ***Family Independence Program***

The goal of the Family Independence Program (FIP) is to help families achieve self-sufficiency and reduce dependence on public assistance. FIP provides a monthly cash assistance grant for both one-and two-parent families which:

- Covers personal needs costs (clothing, household items, etc.), housing, heat, utilities and food.
- Helps families achieve self-support and independence.
- Reduces dependence on public assistance and increases self-sufficiency.

Families must meet income and asset requirements as well as other eligibility standards including (but not limited to): time on assistance, work participation requirements, school attendance and child support requirements.



## **Family Independence Program**

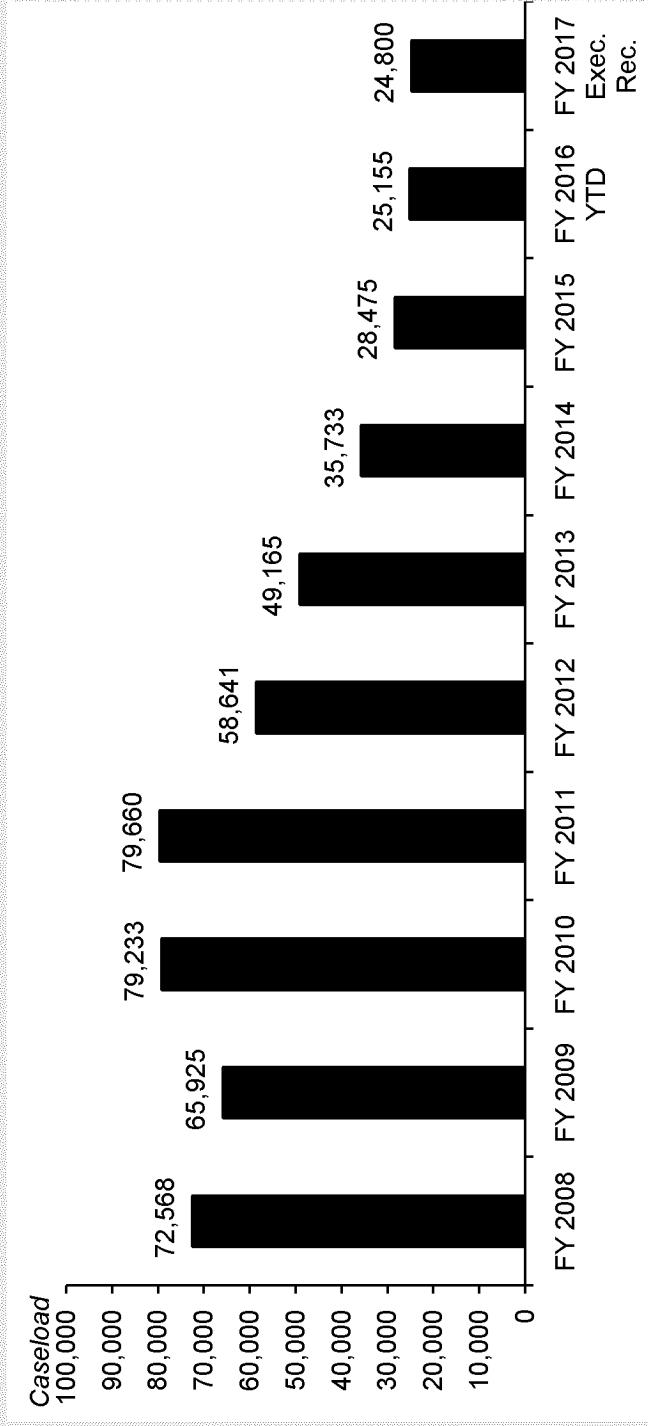
### **Fiscal Year 2015**

**(FIP - Regular)\***

- Average Monthly Payment Per Case: **\$366**
- Average Monthly Recipients: **68,556**
- Average Monthly Total Payments: **\$10,399,038**

\*Source: Trend Report of Key Program Statistics, DHS-Pub-64, (Rev. 01-15)

## Average Monthly FIP-Regular Caseload Trends FY 2008 - FY 2017 (Executive Budget Recommendation)

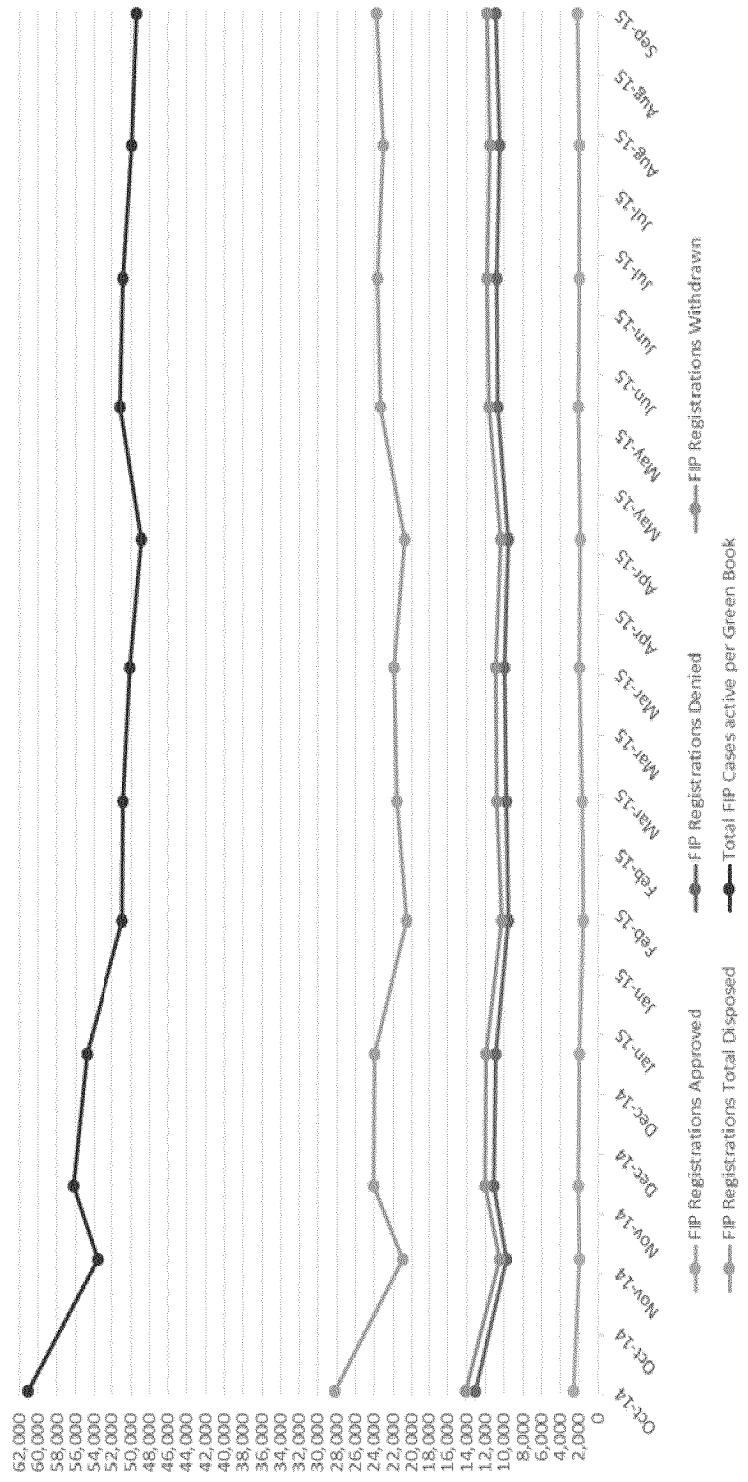


**NOTE:** The FY 2016 average monthly caseload (year-to-date) is the lowest since FY 1958 when it was 24,086

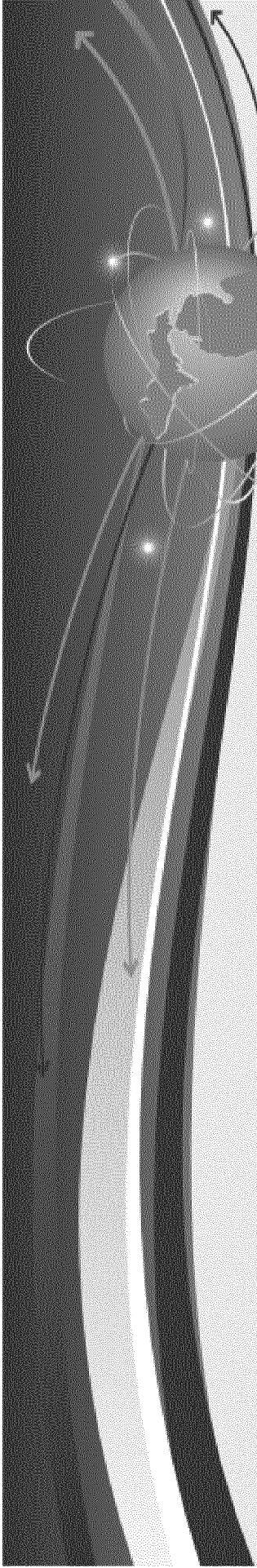
\*Source: Trend Report of Key Program Statistics, DHS-Pub-64, (Rev. 01-15)

## Family Independence Program:

### Bridges MH-S32 Registrations by Month

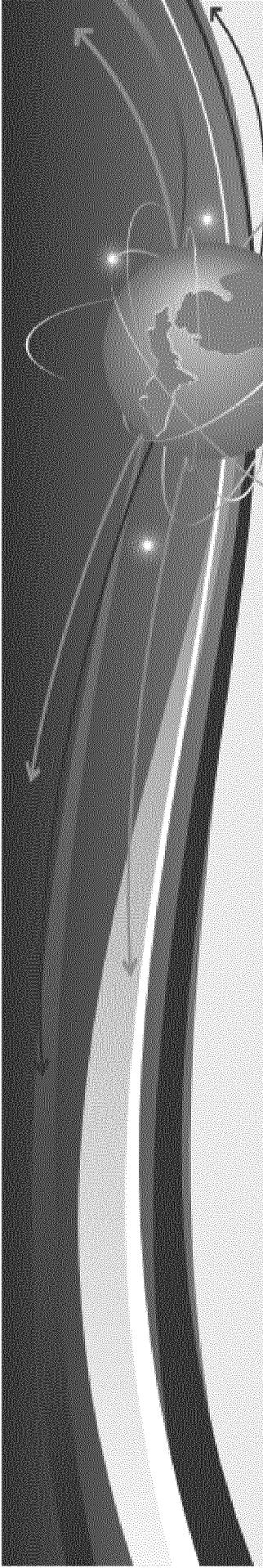


Michigan Department of Health & Human Services  
State of Michigan | MI.gov/MDHHS | 800.292.3937 | MDHHS.MI.GOV



## ***Food Assistance Program***

- Food Assistance Program (FAP) is a federal safety net program. The benefits are 100 percent federally funded with administrative costs shared equally between the state and the federal government.
- Households are eligible for FAP benefits based on criteria such as, but not limited to: assets, net income, household size, and certain expenses.
- FAP benefits raise the food purchasing power of low-income persons.



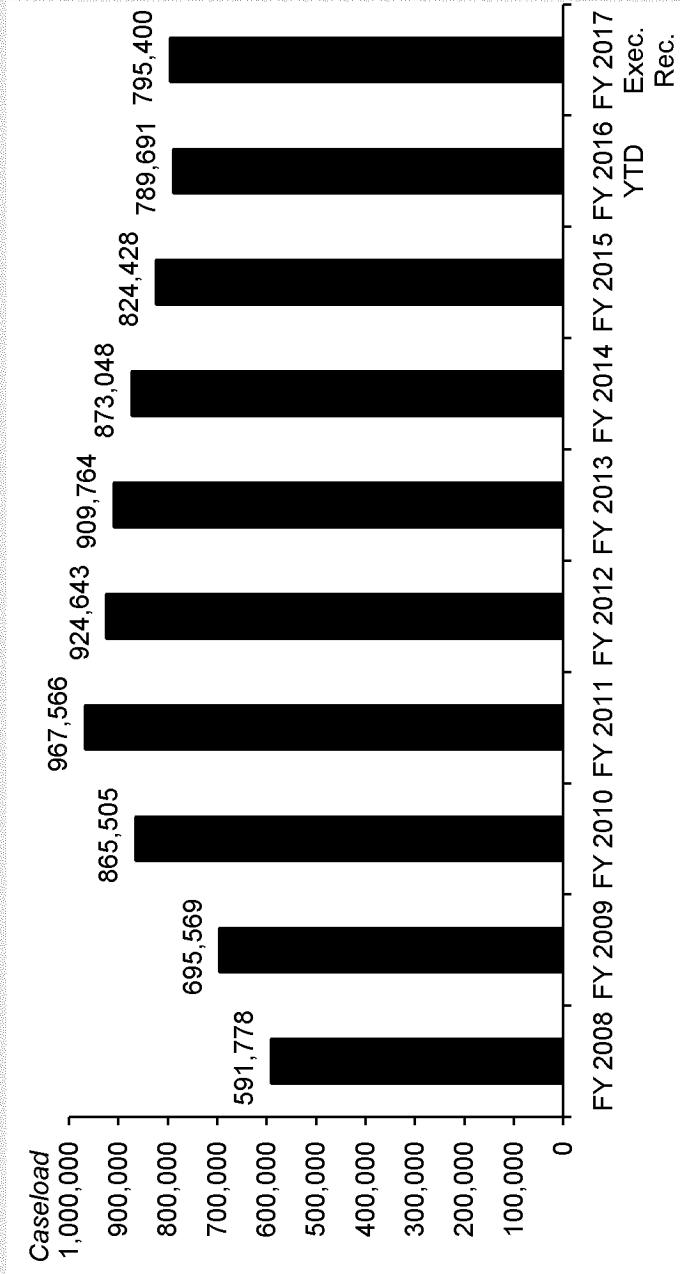
## ***Food Assistance Program***

### ***Fiscal Year 2015\****

- Average Monthly Payments: **\$195,375,496**
- Average Monthly Family Payment:  
**\$237 per Household**  
**\$124 per Recipient**
- Average Monthly Households: **824,428**
- Average Monthly Recipients: **1,571,403**
- Average Monthly Recipients per Household: **1.91**

\*Source: Trend Report of Key Program Statistics, DHS-Pub-64, (Rev. 01-15)

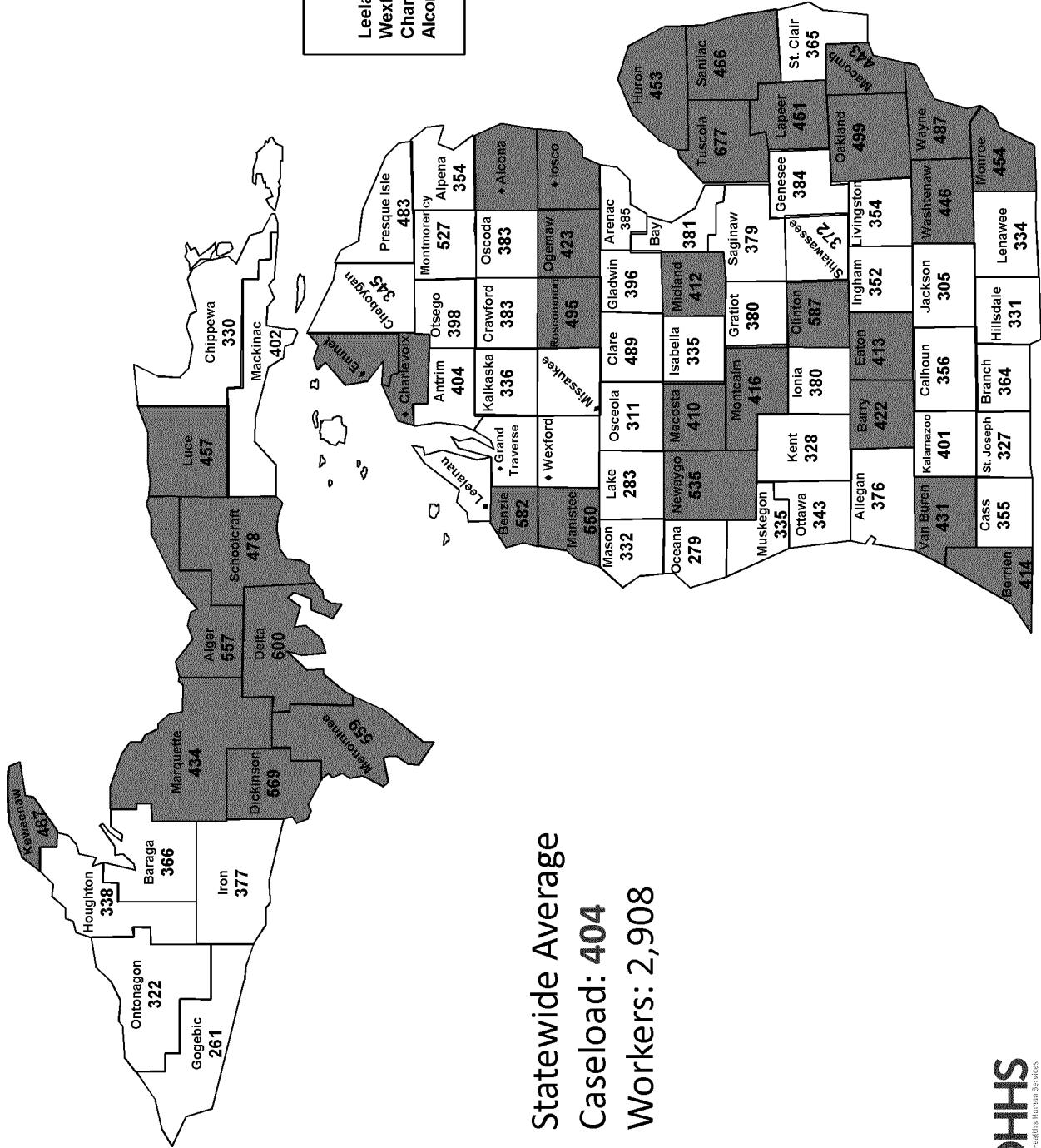
## Average Monthly FAP Household Trends\* FY 2008 - FY 2017 (Executive Budget Recommendation)



**NOTE:** FAP Household averages have been decreasing since FY 2011. The FY 2017 Executive Budget recommendation reflects an increase of just over 5,700 (0.07 percent) households from the FY 2016 year-to-date program average.

\*Source: Trend Report of Key Program Statistics, DHS-Pub-64, (Rev. 01-15)

## Michigan's Average Caseloads



[Speaker Notes For Slide: 15]

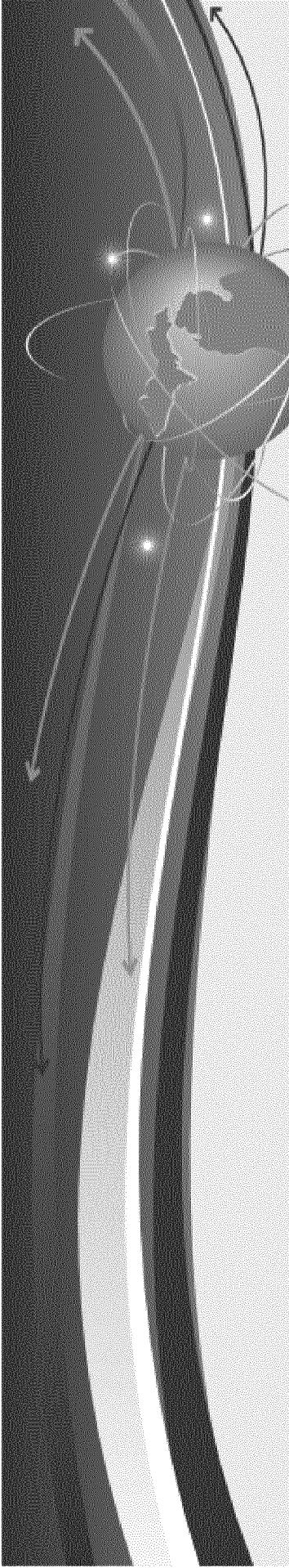
If you are interested during time we may have available for questions, I can outline for you a vignette of the challenges of children served in these counties highlighted in blue, through the SEDW program.

NEXT SLIDE:

Vignette of Child Served in SEDW (Non Medicaid may have Commercial Insurance)  
14-year-old teenage boy who has had 10 private psychiatric hospitalizations since the age of 7 when he first reported "seeing things that were not there"  
Involved in outpatient therapy and psychiatric medication monitoring utilizing private insurance with no clinical improvement for many years  
Out of pocket cost of psychotropic medications/copays approximately \$300 a month and private insurance mental health coverage were exhausted for the year  
Youth unable to attend school most of the time due to behavioral health symptoms  
Supportive mother and step father but they are at the end of their rope with cycle of hospitalizations, police contacts, property destruction, self harm and aggression  
Younger siblings terrified of youth's unpredictable outbursts and aggression  
Youth was on probation for domestic violence and property destruction (broke family's van windows on way to hospital in a violent rage)  
Youth desperately needed intensive services offered through PIHP/CMHSP not covered by private insurance (Wraparound, Home-Based Therapy using evidenced-based practices, respite, community living supports)  
Family could not afford to access CMHSP services without the SED Waiver which makes children Medicaid-eligible if they meet the criteria for psychiatric hospital level of care and are one of the 33 counties who have the SED Waiver and the CMHSP has General Fund match  
Outcome for child from SED Waiver- the youth accessed needed CMHSP intensive services, cycle of hospitalization stopped, regularly attending special education program at school , off probation and still safely in the family home.

## ***Current County Caseload Information***

County Office	Workers	Total Cases	Avg. Caseload	Highest Caseload
79	14	7,455	532	1460
79	2	1,642	821	1340
82	628	436,977	695	1137
50	169	122,566	725	1010
63	179	123,368	689	996
41	135	82,511	611	800
82	103	28,710	278	800
61	63	34,937	554	791
63	19	5,864	308	782
33	79	43,596	551	762

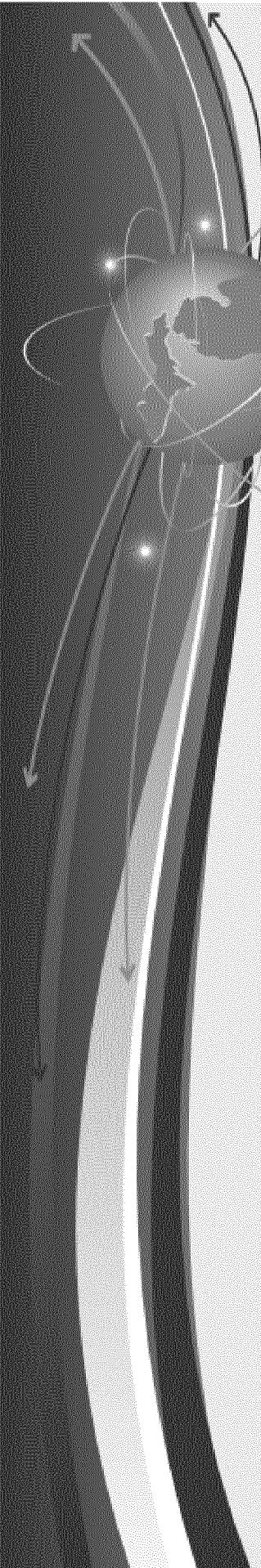


## **Current County Caseload Information**

County Office	Total Cases	Highest Caseload
82	<b>436,977</b>	<b>1137</b>
63	<b>123,368</b>	<b>996</b>
50	<b>122,566</b>	<b>1010</b>
41	<b>82,511</b>	<b>800</b>
33	<b>43,596</b>	<b>762</b>
61	<b>34,937</b>	<b>791</b>
82	<b>28,710</b>	<b>800</b>
79	<b>7,455</b>	<b>1460</b>
63	<b>5,864</b>	<b>782</b>
79	<b>1,642</b>	<b>1340</b>

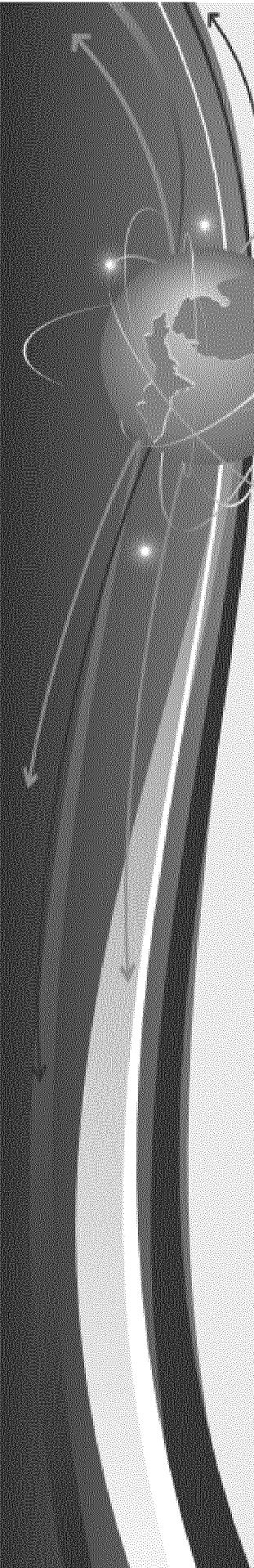
## ***Current County Caseload Information***

County Office	Total Cases	Highest Caseload
<b>79</b>	<b>7,455</b>	<b>1460</b>
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## ***Donated Funds Agreement Positions***

- 120 executed agreements provide a total of 152 FTEs to contractors throughout the state.
- FTEs are various worker types including Administrative Support Staff, Eligibility Specialists, Family Independence Specialists, Services Specialists, and Supervision.
- The Department continues to regularly receive requests for donated funds positions.
- These positions are a benefit to both the Department and the contractor. Donated funds positions work with a specific population which in many cases saves clients from having to seek services at a traditional DHHS office.



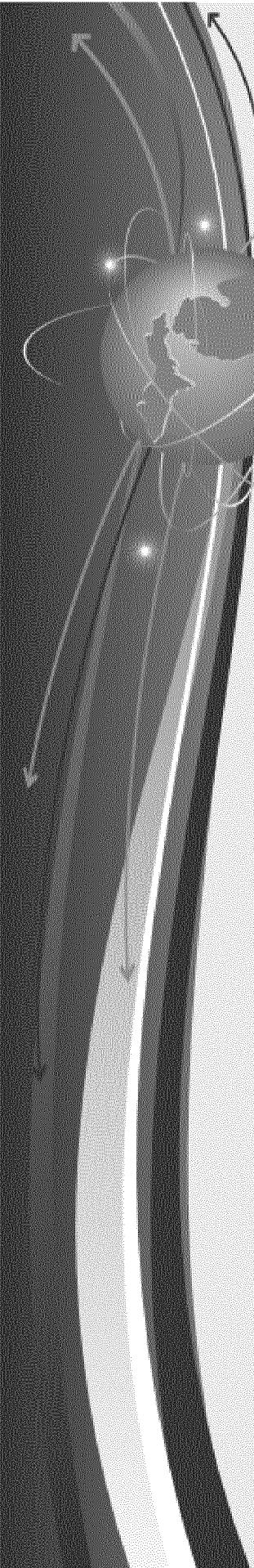
## **State Emergency Relief (SER) Program**

- Provides immediate assistance for individuals facing conditions of extreme hardship or emergencies threatening health and safety.
- Designed to assist low-income households that are normally able to make ends meet but have an unexpected emergency situation arise.
- Assistance through the SER program may resolve the client's situation and eliminate the need for further assistance, maintaining the goal of self-sufficiency.

[Speaker Notes For Slide: 21]

SER is not issued to resolve applicant-created emergencies. Covered services include:

- Relocation: Provides assistance with rent, security deposits and moving expenses.
- Home Ownership: House payments, property taxes, homeowner's insurance and mobile home owner's lot rent, up to a lifetime limit of \$2,000, to prevent loss of a home if no other resources are available and the home will be available to provide safe, affordable shelter in the foreseeable future.
- Home Repairs: Up to a lifetime limit of \$4,000 for energy-related repairs (furnace repair/replacement) and \$1,500 for non-energy-related repairs, to correct unsafe conditions and to restore essential services.
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## **State Emergency Relief (SER) Program**

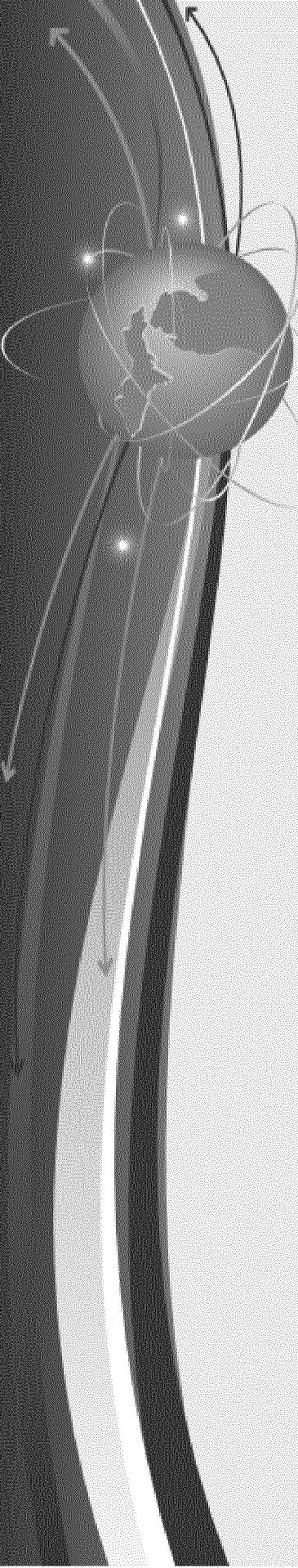
The following is a list of some common services available through the SER program:

- Relocation
- Home Ownership
- Home Repairs
- Utility Assistance
- Burial

[Speaker Notes For Slide: 23]

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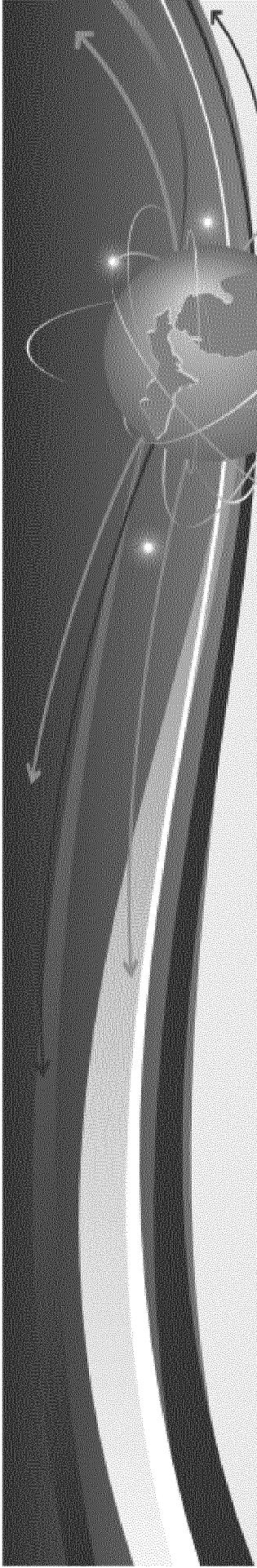
## ***Disability Determination Services (DDS)***

Following federal guidelines, DDS determines initial and continuing eligibility for State and Federal disability benefits:

- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)
- Medicaid Assistance (MA)
- State Disability Assistance (SDA)
- Disability retirement through the Office of Retirement Services (ORS)

[Speaker Notes For Slide: 25]

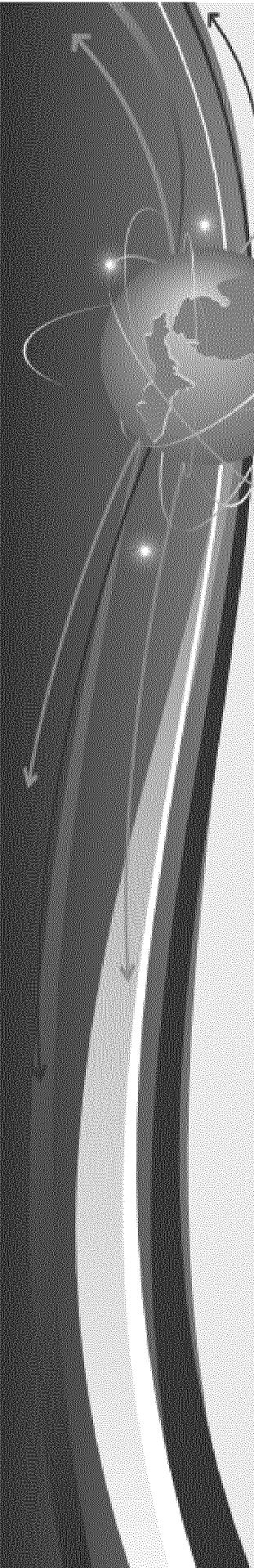
Effective July 1, 2015 DDS began full medical development of the State disability claims mentioned above. After initial case work up by the county offices and referral to DDS, a disability examiner will develop the medical case and determine disability eligibility within State standards for the program. Separation of costs between State GF and federal SSA funds are closely monitored and accounted.



## ***Child Support Enforcement***

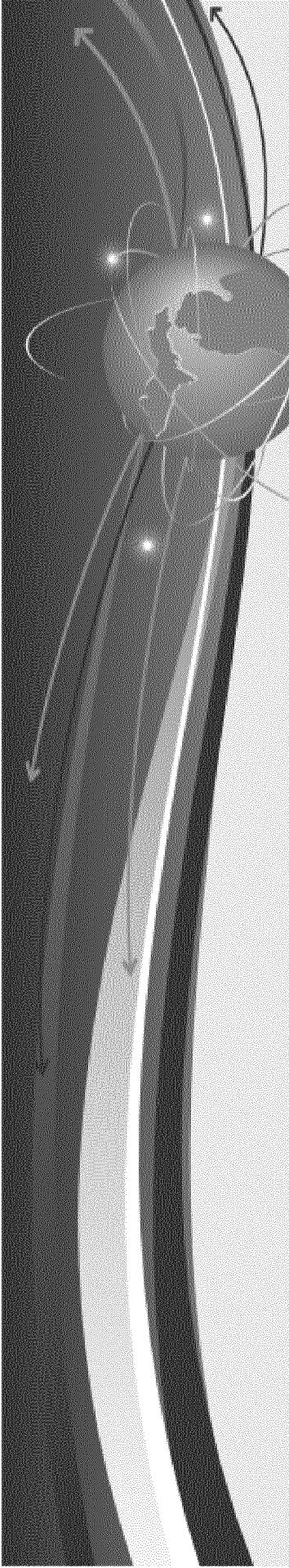
The Office of Child Support (OCS) is the state agency authorized to administer the federal Title IV-D child support program in Michigan. OCS:

- Provides case initiation services to customers, operates the State Disbursement Unit, provides centralized enforcement services, and is responsible for policy development and training.
- In conjunction with the Department of Technology, Management and Budget (DTMB), operates and maintains the statewide Michigan Child Support Enforcement System (MicSES).
- Contracts with Friends of the Court (FOC) and county Prosecuting Attorneys to provide Title IV-D child support services including locating parents, establishing paternity, and establishing and enforcing support orders.



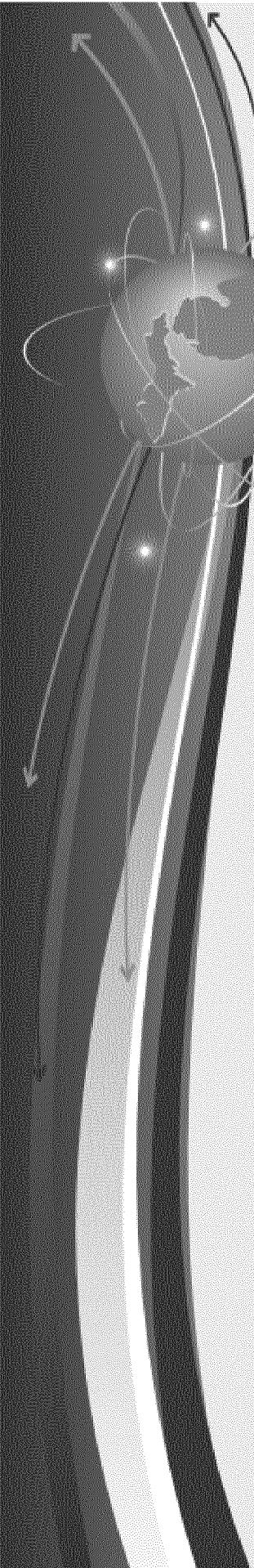
## **Child Support Enforcement**

- Child Support Strategy
  - Vision: Engage parents to improve children's lives
  - Mission: To achieve the permanent well-being and self-sufficiency of children and families
  - Goals: Case Processing, Collections, Customer Service, Teamwork, Healthy family relationships, Funding and Technology
- Disbursed Collections: \$1.36 billion in Fiscal Year 2015, including: \$43.5 million recovered for TANF/IV-E; \$43.6 million recovered for Medicaid; and \$1.237 billion paid to families. Approximately \$5.78 for each dollar spent on the program.
- Players: OCS support specialists and centralized support, Michigan State Disbursement Unit, county Prosecuting Attorney offices, county FOC offices, State Court Administrative Office (SCAO), State of MI Attorney General's Office.



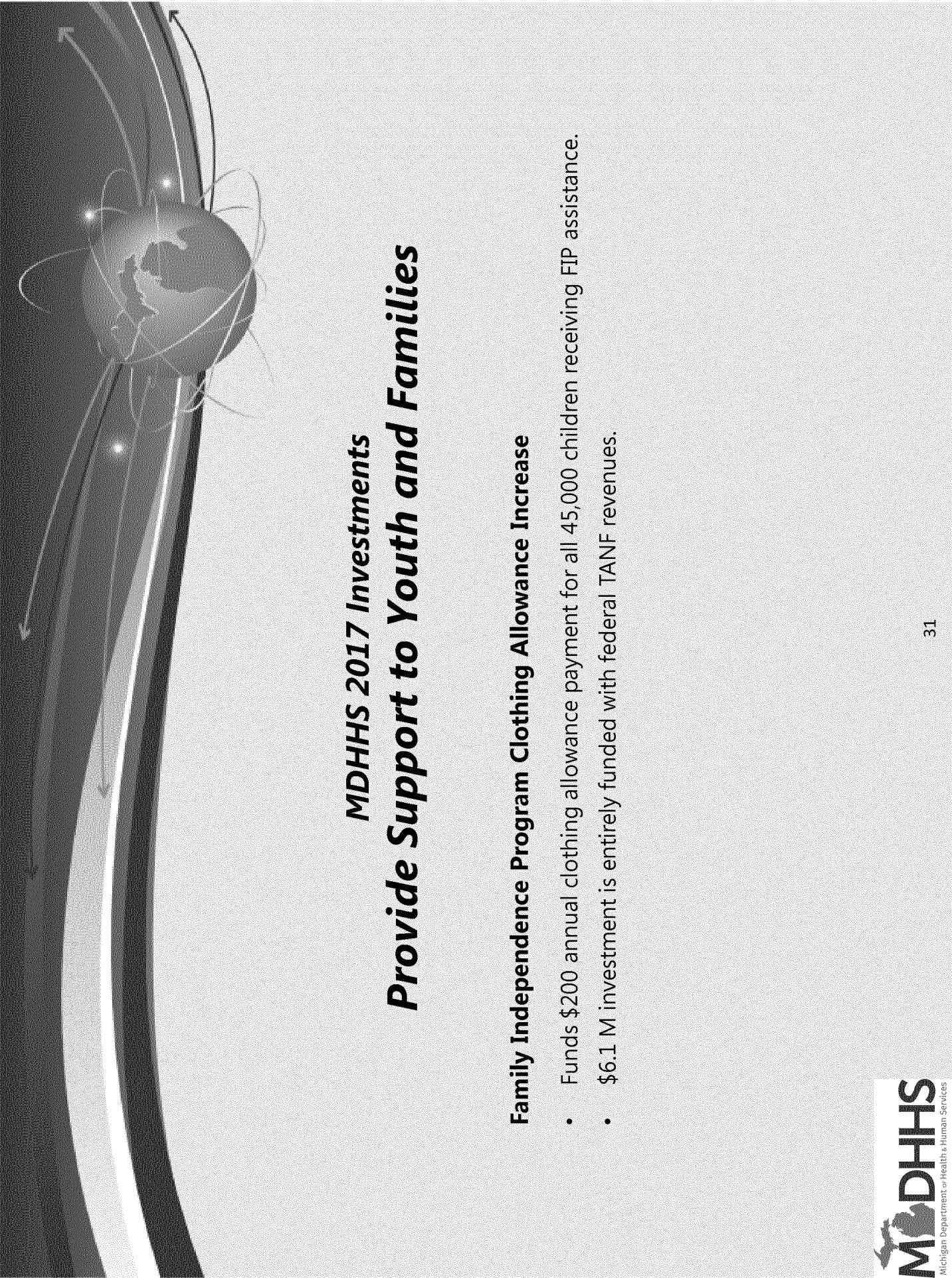
# Governor Snyder's FY17 Recommendation

29



## Budget Recommendation *(In Millions)*

	Gross	GF/GP
Child Support Enforcement	\$209.9	\$34.5
Public Assistance	\$2,824.1	\$106.4
Field Operations and Support Services	\$820.7	\$253.1
Disability Determination Services	\$112.0	\$3.4
Total	\$3,966.7	\$397.4



## ***MDHHS 2017 Investments Provide Support to Youth and Families***

### **Family Independence Program Clothing Allowance Increase**

- Funds \$200 annual clothing allowance payment for all 45,000 children receiving FIP assistance.
- \$6.1 M investment is entirely funded with federal TANF revenues.

# **MDHHS Contact Info and Useful Links**

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

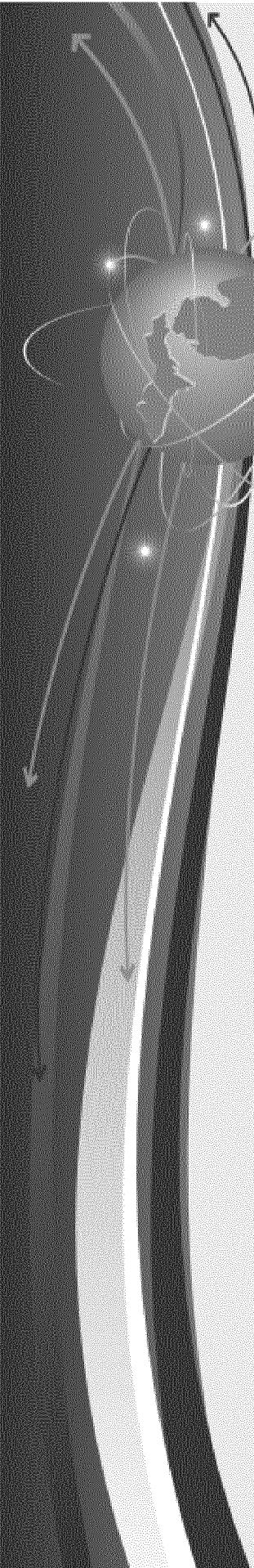
Website: <http://www.michigan.gov/mdhhs>

(OTHER USEFUL LINKS TO BE UPDATED BY LEGISLATIVE OFFICE)

[Speaker Notes For Slide: 32]

We'll once again be hosting a legislative breakfast along with other partners toward the end of April in the Capitol View Building to unveil the County Health Rankings document. This document will provide you with an in-depth look at the health status of your districts. You'll be receiving more information on this in the near future.

I'd like to thank you for your time and attention today and invite any questions you may have.



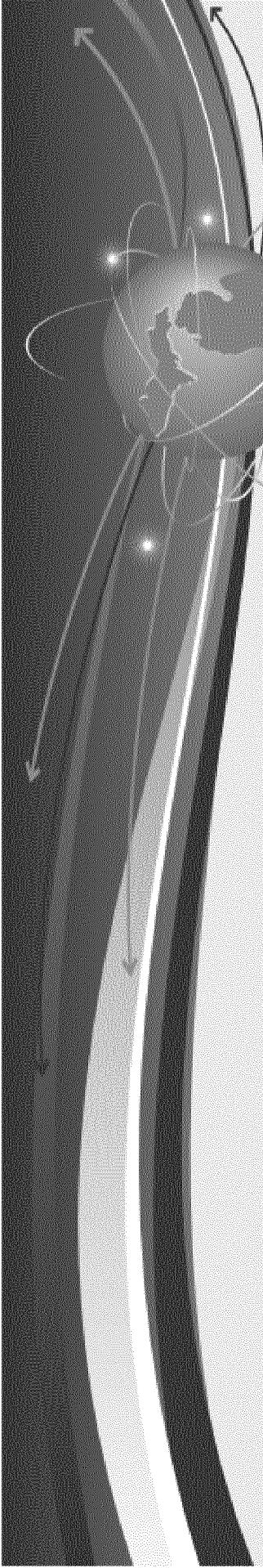
# Field Operations Administration Overview

Fiscal Year 2017

Presentation to House Appropriations Subcommittee  
on the Department of Health & Human Services

March 1, 2016

**Terrence M. Beurer**, Senior Deputy Director, Field Operations Administration  
**Farah A. Hanley**, Senior Deputy Director, Financial Operations Administration



# **Our Guiding Principles**

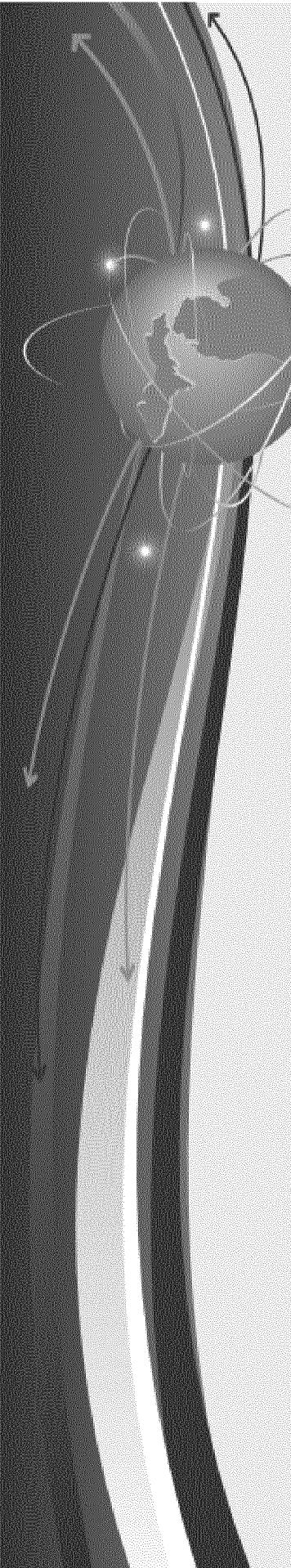
## **Mission**

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.

## **Vision**

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.





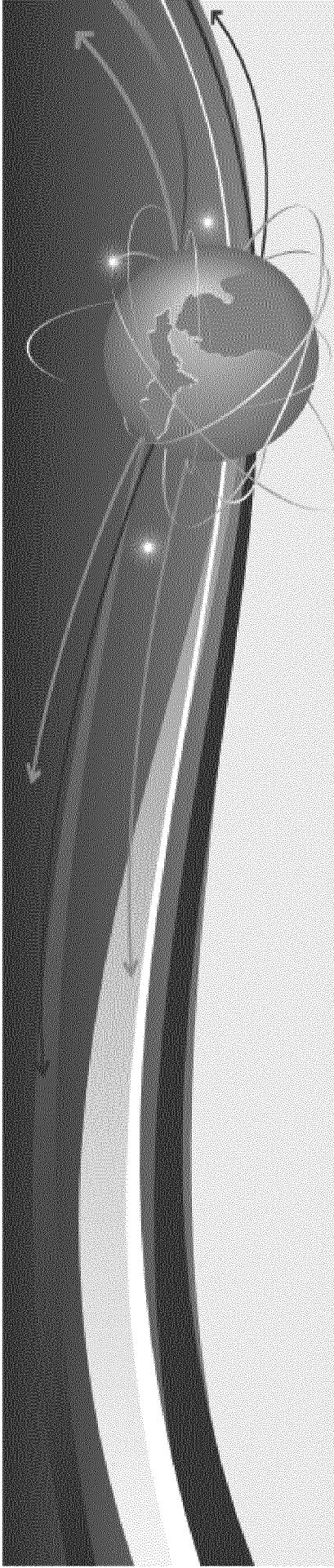
## ***Field Operations Administration's Mission***

Pursuant to the mission and vision of the Department, Field Operations Administration (FOA) oversees the local DHHS offices that provide:

- Food Assistance, child care, cash benefits, etc. for families and individuals in need
- Supportive Services such as employment and training

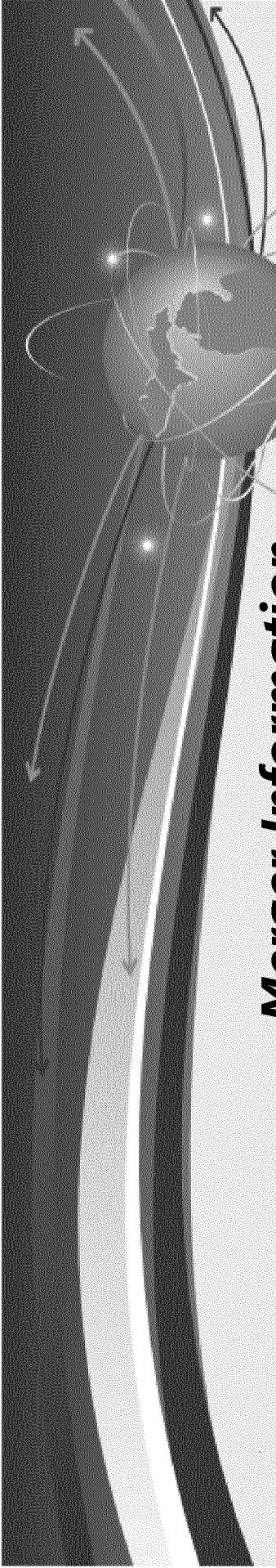
FOA is also responsible for the oversight of the following Central Office Units:

- Disability Determination Services, which is responsible for determining disability eligibility for state and federal programs
- Office of Child Support, which is responsible for Child Support enforcement



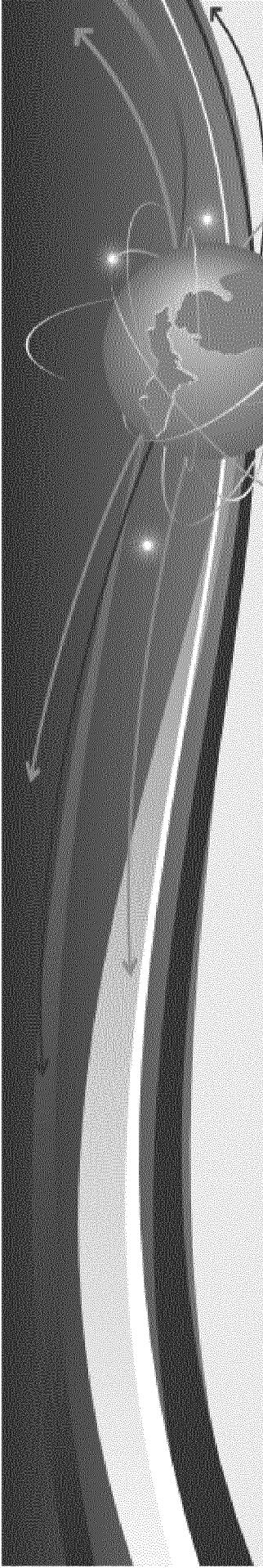
## Action on Flint Declaration of Emergency

- Teams of Genesee DHHS workers in conjunction with the State Emergency Operations Center have visited every home in Flint twice and we continue to purchase and make deliveries of water filters, replacement cartridges, and water test kits.
- Adult services workers and other staff that make home calls take filters, replacement cartridges and test kits with them and deliver if needed.
- Expedited translation of documents.
- Prominent display of information in the local DHHS office lobbies and dissemination to clients seen, on all available services in Flint.
- Six additional Pathways to Potential success coaches for Flint were approved in a FY 2016 supplemental and are also included in the FY 2017 Executive Recommendation.



## **Merger Information**

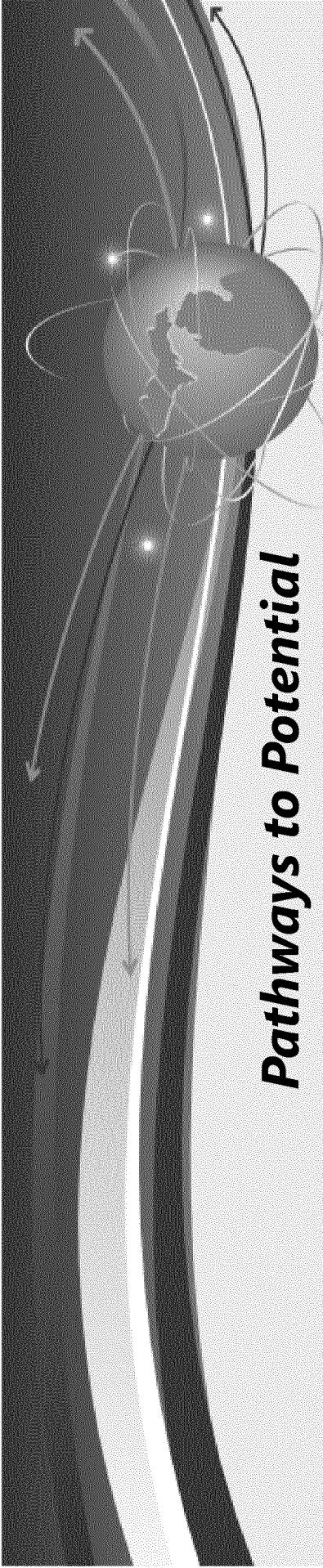
- 12 local offices have consolidated, closed or relocated since the department merger.
- Local offices have been excited about the new opportunities presented by the movement of their office to a new location.
- Locations report that clients have indicated how convenient it has been for them.
- Currently we are merging central office locations; reviewing previous DCH field locations to be consolidated into local DHHS offices as well as reviewing our lease portfolio and location of community partners to determine the right course for consolidation.
- Approximately \$2.4 million (gross) savings has been realized, as required by the FY 2016 budget.
- 252 FOA positions have been filled since the hiring freeze was lifted on October 27, 2015 (as of January 30, 2016).



## ***Pathways to Potential***

### **Goals**

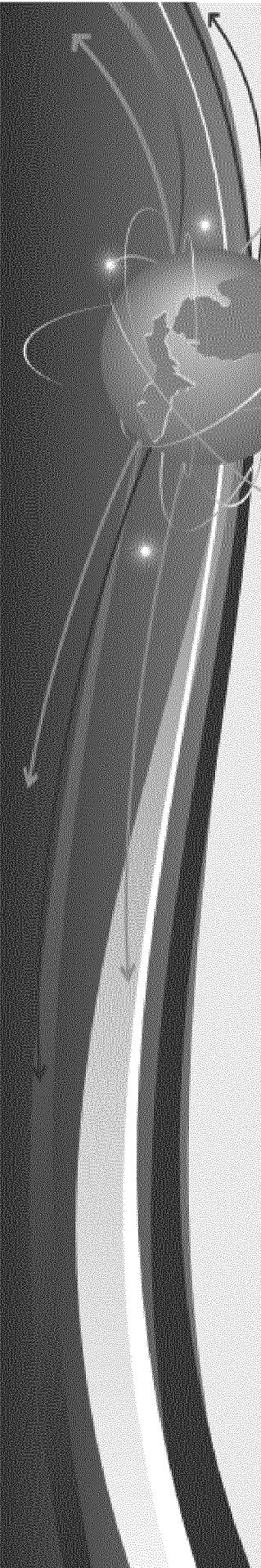
1. Decrease chronic absenteeism by at least 10%
2. Expand to more rural areas
3. Focus on mental health and wellness and skills-based training
4. Hire and retain qualified staff
5. Partner with districts and the Michigan Department of Education to create and collect more meaningful metrics



## ***Pathways to Potential***

### **Highlights**

1. The reduction in chronic absenteeism for the 2014-15 school year was 37.23%.
2. Added 9 new counties and 20 new schools in mostly rural areas. This increases our Pathways to Potential presence to a total of 219 sites in 22 counties.
3. Continuing restorative justice and reducing barriers to learning training; AmeriCorps Summer youth employment and mentoring; Michigan Career Technical Institute/Michigan Rehabilitation Services skills-based training for employment; integrating services at the community level to assess and map family success.

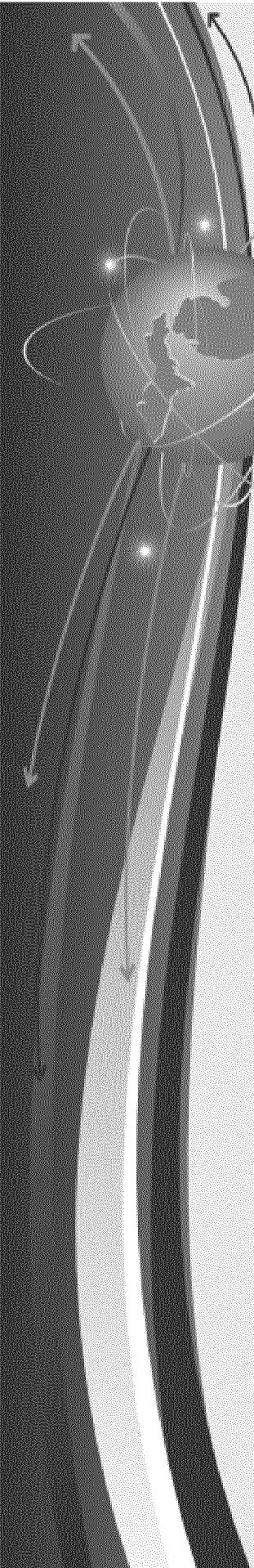


## ***Family Independence Program***

The goal of the Family Independence Program (FIP) is to help families achieve self-sufficiency and reduce dependence on public assistance. FIP provides a monthly cash assistance grant for both one-and two-parent families which:

- Covers personal needs costs (clothing, household items, etc.), housing, heat, utilities and food.
- Helps families achieve self-support and independence.
- Reduces dependence on public assistance and increases self-sufficiency.

Families must meet income and asset requirements as well as other eligibility standards including (but not limited to): time on assistance, work participation requirements, school attendance and child support requirements.



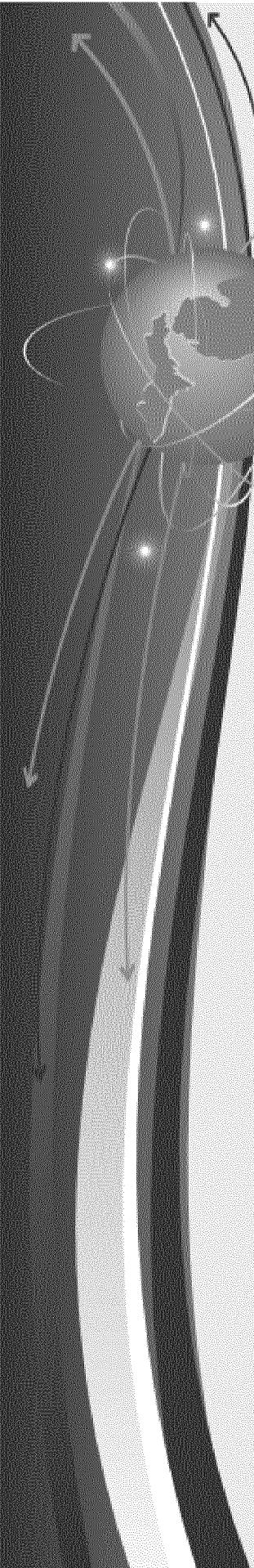
## ***Family Independence Program***

### **Fiscal Year 2015**

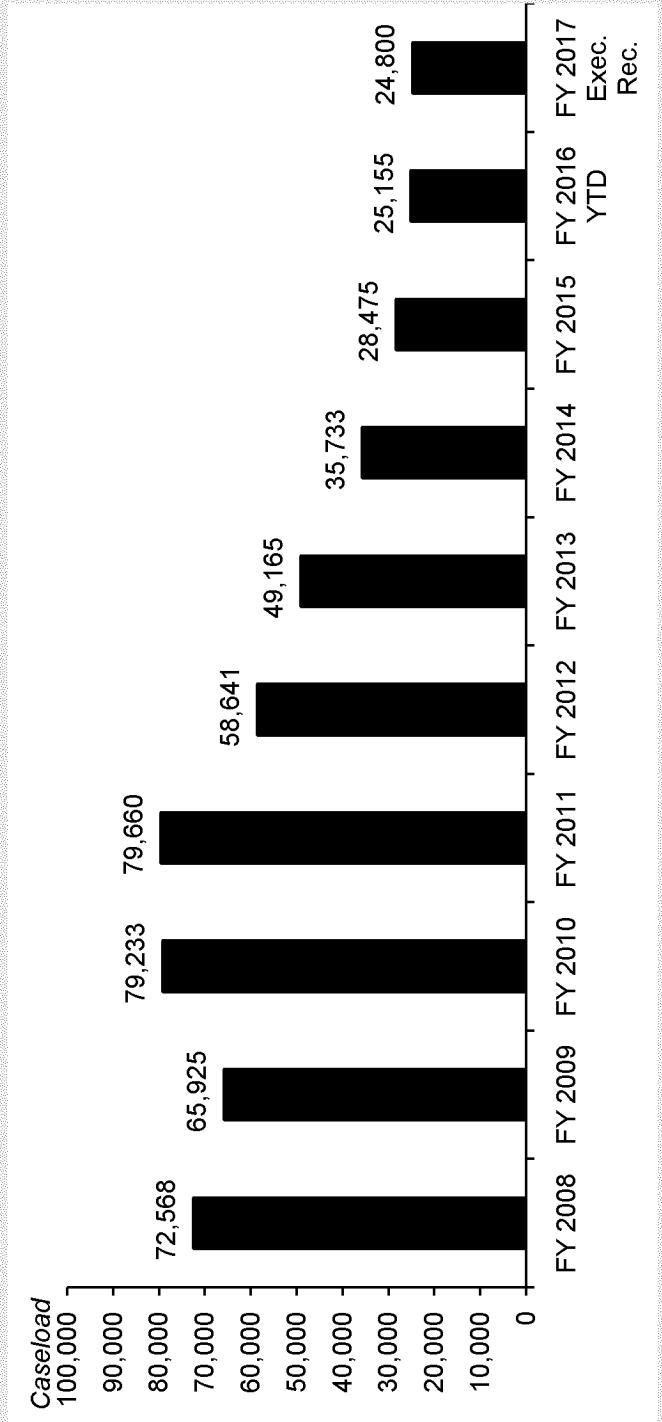
**(FIP - Regular)\***

- Average Monthly Payment Per Case: **\$366**
- Average Monthly Recipients: **68,556**
- Average Monthly Total Payments: **\$10,399,038**

\*Source: Trend Report of Key Program Statistics, DHS-Pub-64, (Rev. 01-15)



## Average Monthly FIP-Regular Caseload Trends FY 2008 - FY 2017 (Executive Budget Recommendation)

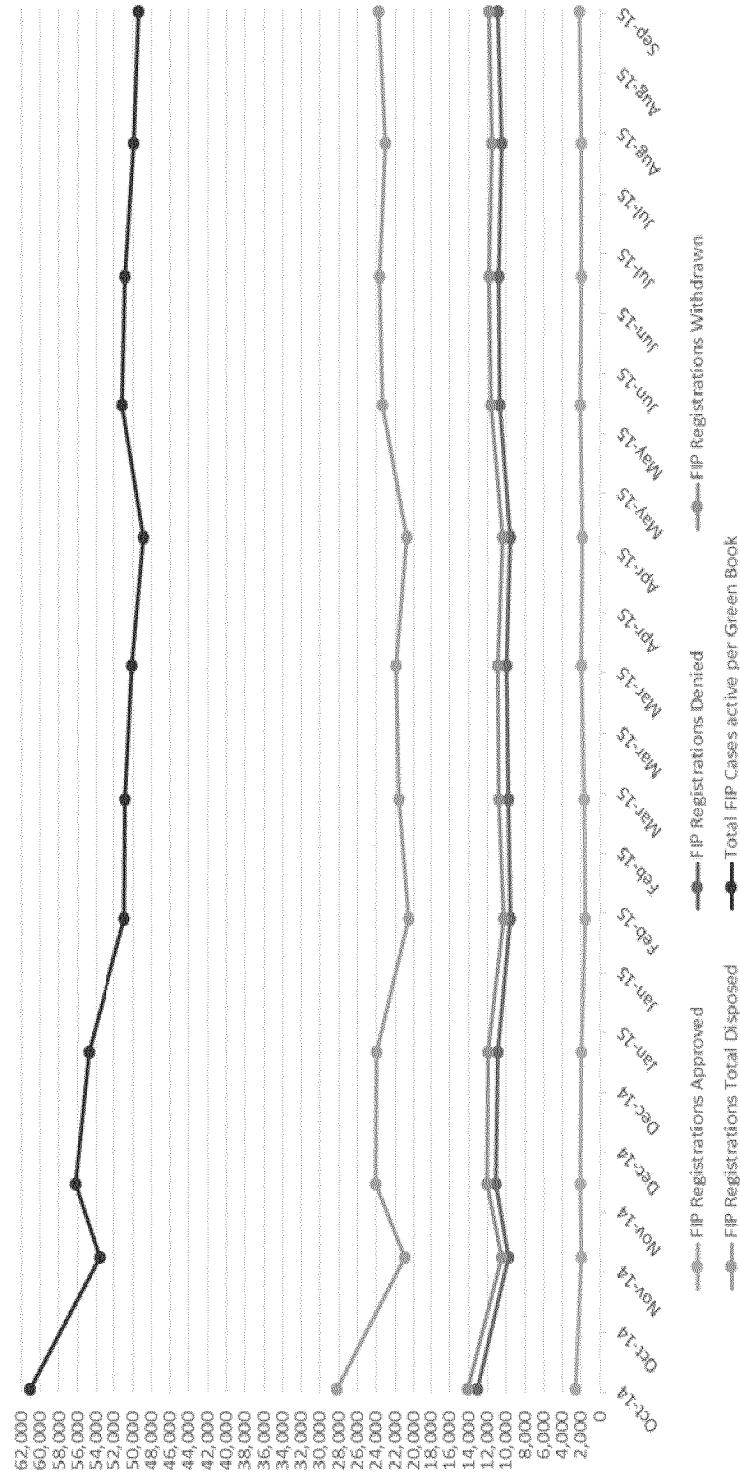


**NOTE:** The FY 2016 average monthly caseload (year-to-date) is the lowest since FY 1958 when it was 24,086

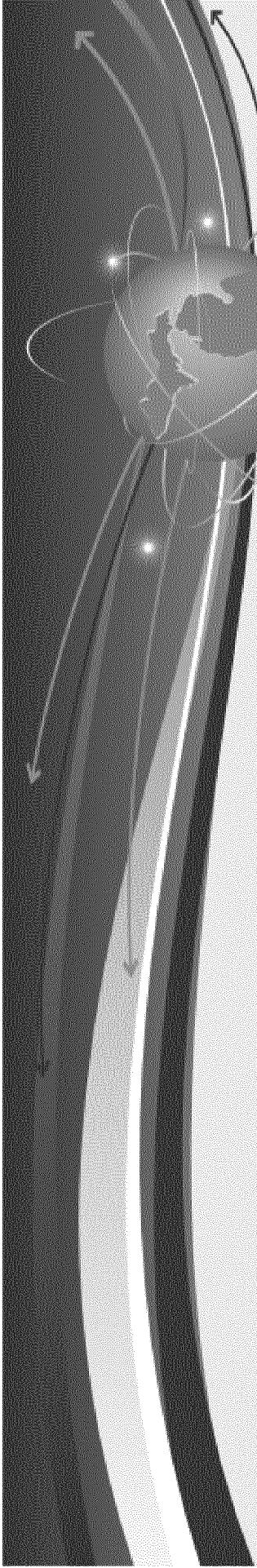
\*Source: Trend Report of Key Program Statistics, DHS-Pub-64, (Rev. 01-15)

## ***Family Independence Program:***

### Bridges MH-S32 Registrations by Month

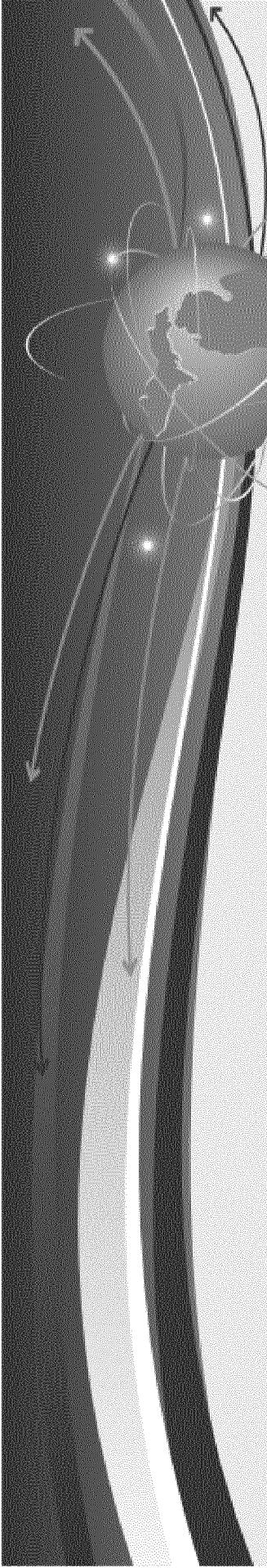


State of Michigan | Department of Health and Senior Services | Michigan Department of Health and Senior Services



## ***Food Assistance Program***

- Food Assistance Program (FAP) is a federal safety net program. The benefits are 100 percent federally funded with administrative costs shared equally between the state and the federal government.
- Households are eligible for FAP benefits based on criteria such as, but not limited to: assets, net income, household size, and certain expenses.
- FAP benefits raise the food purchasing power of low-income persons.



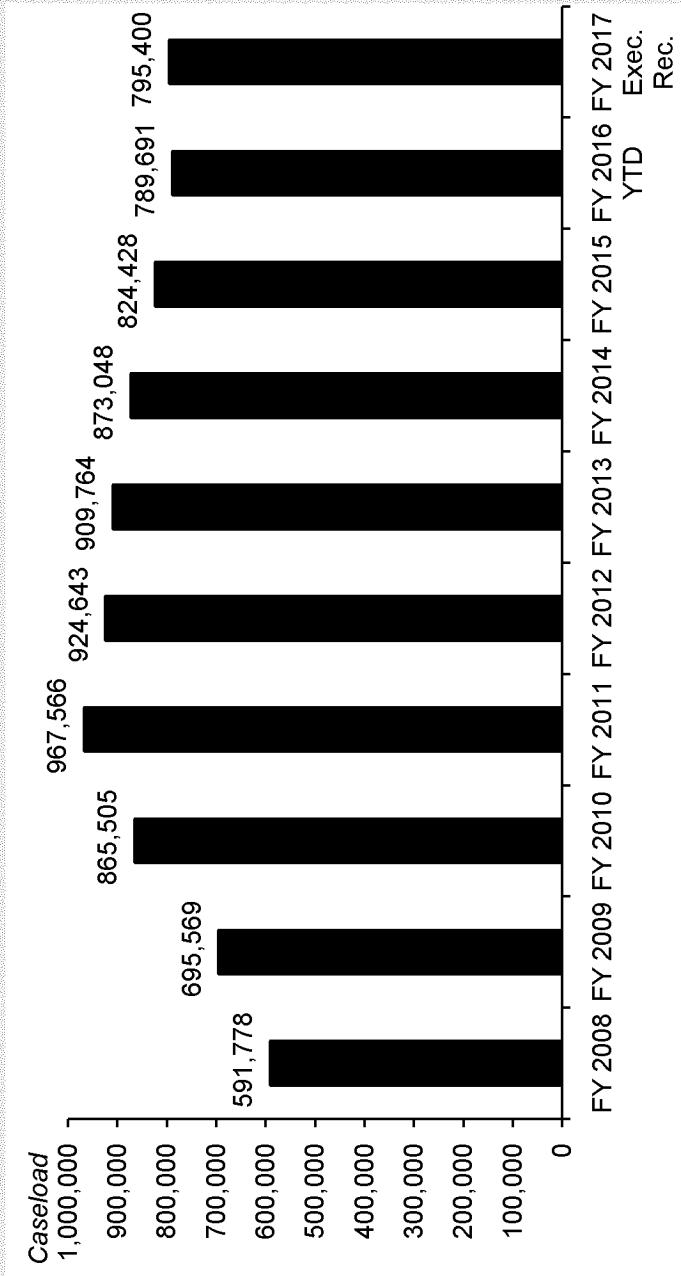
## ***Food Assistance Program***

### ***Fiscal Year 2015\****

- Average Monthly Payments: **\$195,375,496**
- Average Monthly Family Payment:  
**\$237 per Household**  
**\$124 per Recipient**
- Average Monthly Households: **824,428**
- Average Monthly Recipients: **1,571,403**
- Average Monthly Recipients per Household: **1.91**

\*Source: Trend Report of Key Program Statistics, DHS-Pub-64, (Rev. 01-15)

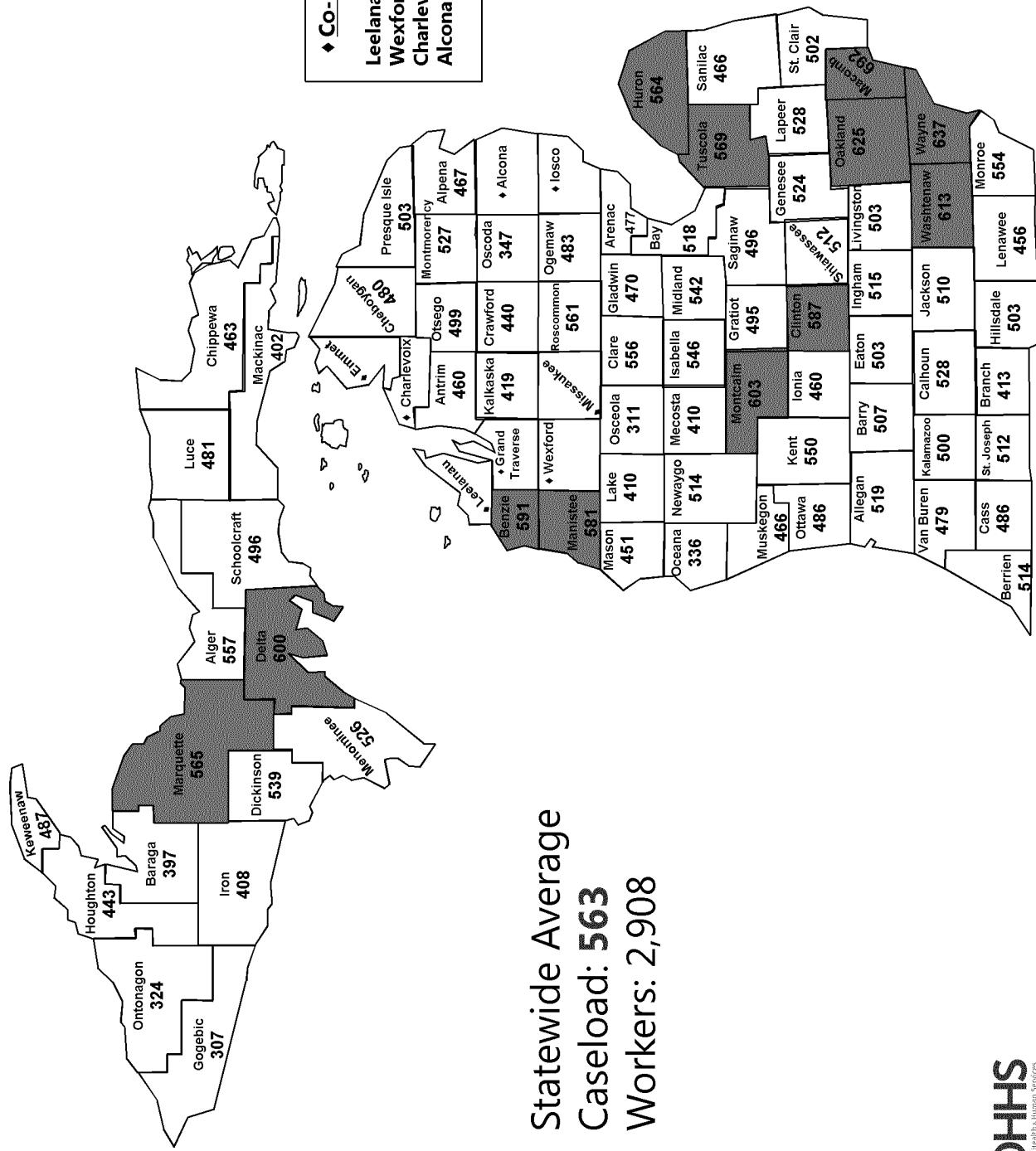
## Average Monthly FAP Household Trends\* FY 2008 - FY 2017 (Executive Budget Recommendation)



**NOTE:** FAP Household averages have been decreasing since FY 2011. The FY 2017 Executive Budget recommendation reflects an increase of just over 5,700 (0.07 percent) households from the FY 2016 year-to-date program average.

\*Source: Trend Report of Key Program Statistics, DHS-Pub-64, (Rev. 01-15)

# Michigan's Average Public Assistance Program Worker Caseloads

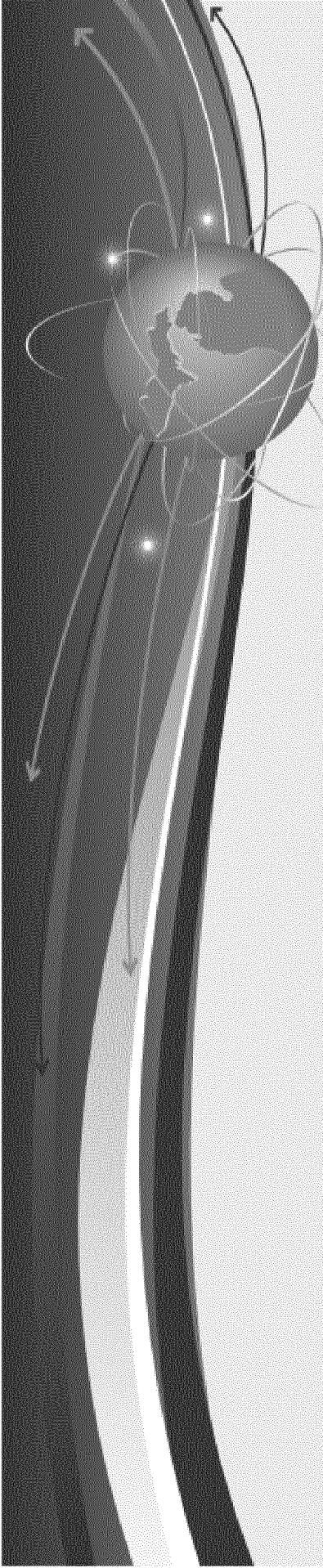


[Speaker Notes For Slide: 15]

If you are interested during time we may have available for questions, I can outline for you a vignette of the challenges of children served in these counties highlighted in blue, through the SEDW program.

NEXT SLIDE:

Vignette of Child Served in SEDW (Non Medicaid may have Commercial Insurance)  
14-year-old teenage boy who has had 10 private psychiatric hospitalizations since the age of 7 when he first reported "seeing things that were not there"  
Involved in outpatient therapy and psychiatric medication monitoring utilizing private insurance with no clinical improvement for many years  
Out of pocket cost of psychotropic medications/copays approximately \$300 a month and private insurance mental health coverage were exhausted for the year  
Youth unable to attend school most of the time due to behavioral health symptoms  
Supportive mother and step father but they are at the end of their rope with cycle of hospitalizations, police contacts, property destruction, self harm and aggression  
Younger siblings terrified of youth's unpredictable outbursts and aggression  
Youth was on probation for domestic violence and property destruction (broke family's van windows on way to hospital in a violent rage)  
Youth desperately needed intensive services offered through PIHP/CMHSP not covered by private insurance (Wraparound, Home-Based Therapy using evidenced-based practices, respite, community living supports)  
Family could not afford to access CMHSP services without the SED Waiver which makes children Medicaid-eligible if they meet the criteria for psychiatric hospital level of care and are one of the 33 counties who have the SED Waiver and the CMHSP has General Fund match  
Outcome for child from SED Waiver- the youth accessed needed CMHSP intensive services, cycle of hospitalization stopped, regularly attending special education program at school , off probation and still safely in the family home.



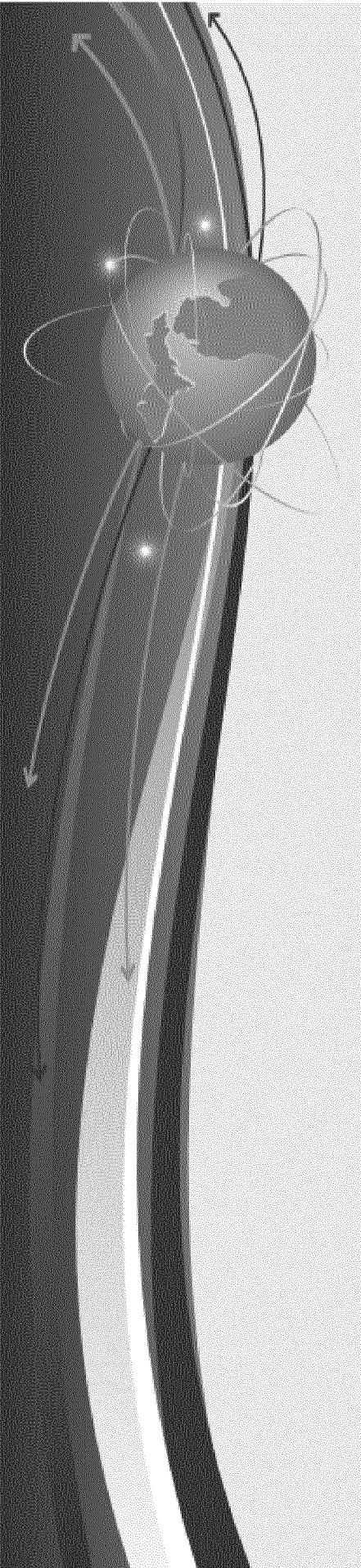
## ***Current County Caseload Information\****

County Office	Total Cases	Worker with Highest Caseload
Tuscola	<b>9,097</b>	<b>1460</b>
Wayne	<b>465,687</b>	<b>1137</b>
Macomb	<b>126,770</b>	<b>1010</b>
Oakland	<b>129,232</b>	<b>996</b>
Kent	<b>90,656</b>	<b>800</b>
Muskegon	<b>36,794</b>	<b>791</b>
Ingham	<b>45,160</b>	<b>762</b>
Montcalm	<b>9,648</b>	<b>755</b>
Mecosta Osceola	<b>10,401</b>	<b>726</b>
Isabella	<b>9,118</b>	<b>711</b>

\* Represents the counties with the top 10 highest number of cases for one worker.

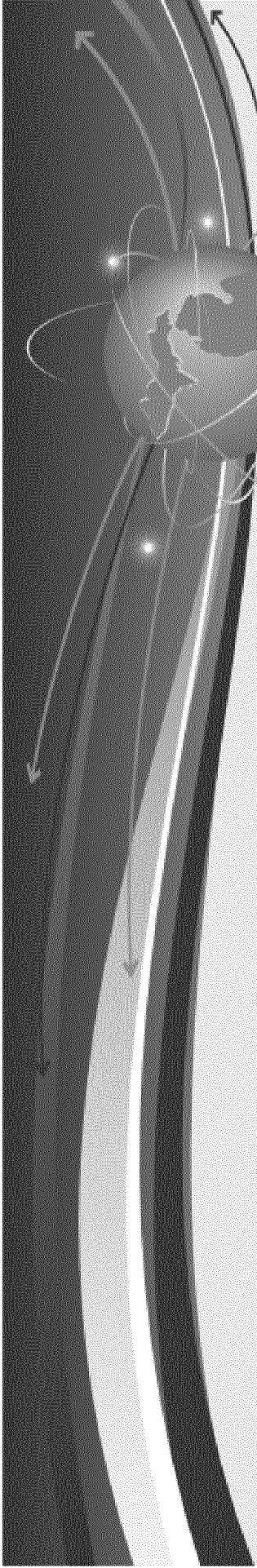
## *Historical Caseload Information*

\* As of January 2016.



## ***Donated Funds Agreement Positions***

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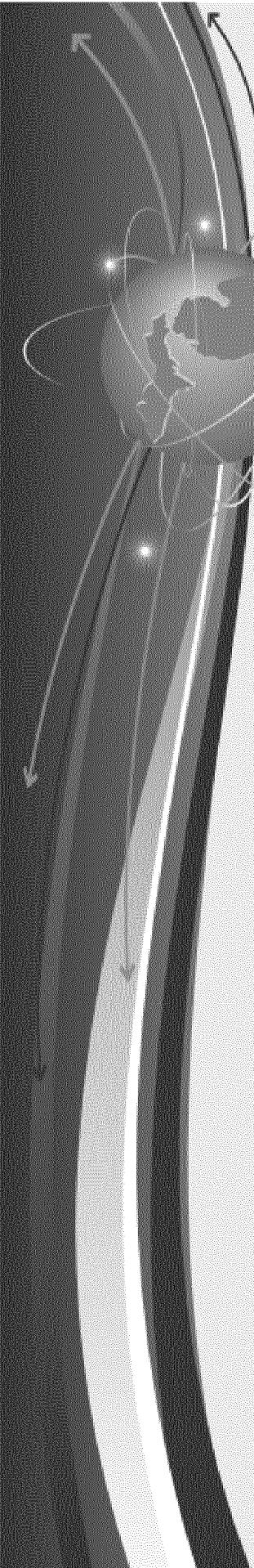
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## **State Emergency Relief (SER) Program**

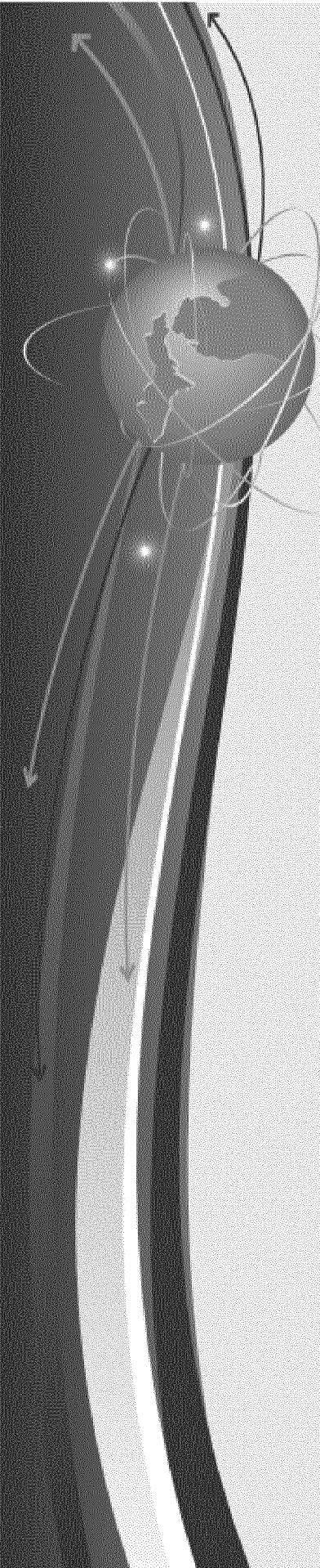
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- Home Repairs
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- Burial

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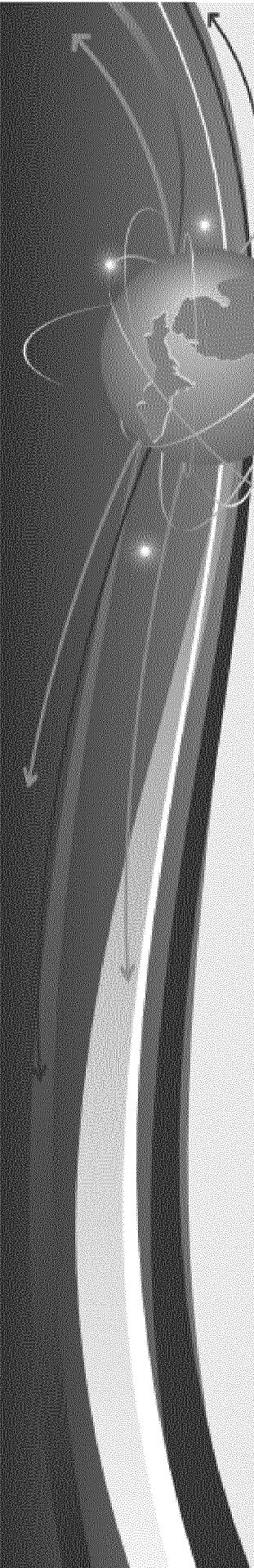
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- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)
- Medicaid Assistance (MA)
- State Disability Assistance (SDA)
- Disability retirement through the Office of Retirement Services (ORS)

[Speaker Notes For Slide: 24]

Effective July 1, 2015 DDS began full medical development of the State disability claims mentioned above. After initial case work up by the county offices and referral to DDS, a disability examiner will develop the medical case and determine disability eligibility within State standards for the program. Separation of costs between State GF and federal SSA funds are closely monitored and accounted.



## ***Child Support Enforcement***

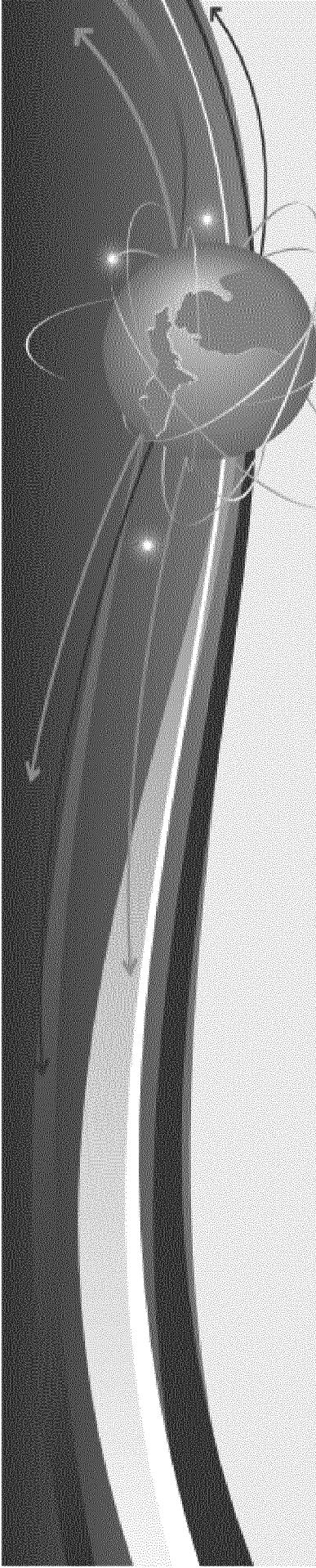
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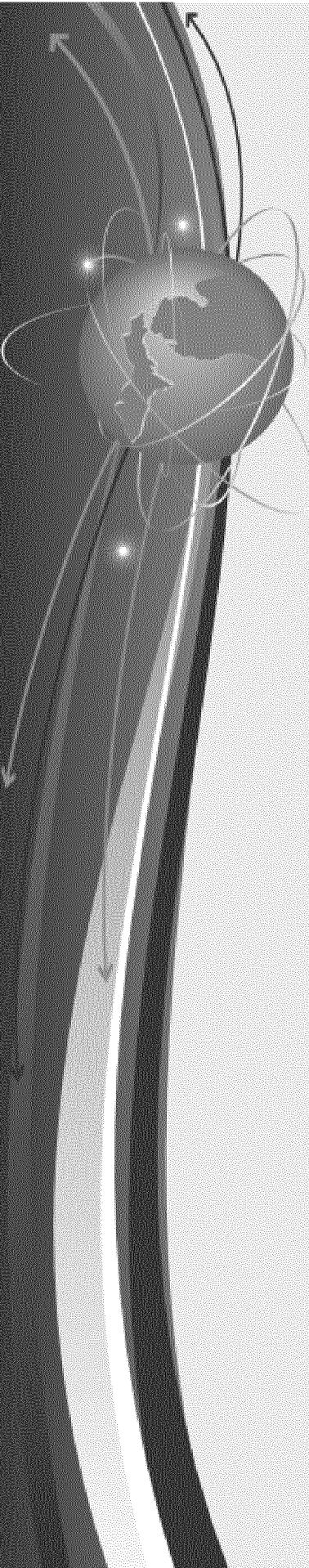


## **Child Support Enforcement**

- Child Support Strategy
  - Vision: Engage parents to improve children's lives
  - Mission: To achieve the permanent well-being and self-sufficiency of children and families
  - Goals: Case Processing, Collections, Customer Service, Teamwork, Healthy family relationships, Funding and Technology
- Disbursed Collections: \$1.36 billion in Fiscal Year 2015, including: \$43.5 million recovered for TANF/IV-E; \$43.6 million recovered for Medicaid; and \$1.237 billion paid to families. Approximately \$5.78 for each dollar spent on the program.
- Collections Trend: FY13 \$1.33B, FY14 \$1.34B, FY15 \$1.36B
- Players: OCS support specialists and centralized support, Michigan State Disbursement Unit, county Prosecuting Attorney offices, county FOC offices, State Court Administrative Office (SCAO), State of MI Attorney General's Office.



# Governor Snyder's FY17 Recommendation

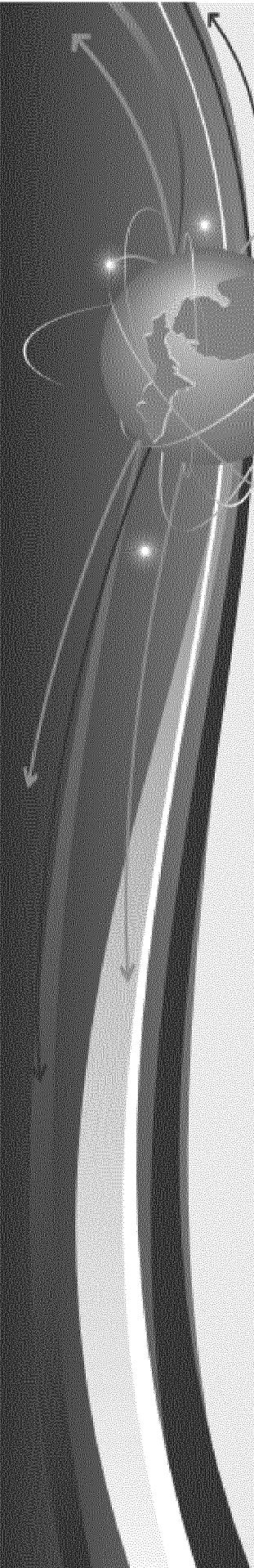


## Budget Recommendation *(In Millions)*

	Gross	GF/GP
Child Support Enforcement	\$209.9	\$34.5
Public Assistance	\$2,824.1	\$106.4
Field Operations and Support Services	\$820.7	\$253.1
Disability Determination Services	\$112.0	\$3.4
Total	\$3,966.7	\$397.4

[Speaker Notes For Slide: 29]

		Gross	GF/GP
FY16	Child Support Enforcement components	\$ 209.0	\$ 33.9 Child Support Automation was moved from DHS Info Tech Line here. No DCH
	Public Assistance	\$ 2,892.8	\$ 122.6 Includes former DCH Multicultural integration funding \$11.9 and Homeless programs \$15.7 moved to
	Community Services and Outreach DHS		
	Field Operations and Support Services	\$ 788.7	\$ 241.5 DHS
	Disability Determination Services	\$ 3.2 DHS	
FY15	Child Support Enforcement	Gross	GF/GP
	Public Assistance	\$ 169.1	\$ 23.0
	Field Operations and Support Services	\$ 144.3	
	Disability Determination Services	\$ 380.0	\$ 141.6
		\$ 3.7	



## ***MDHHS 2017 Investments Provide Support to Youth and Families***

### **Family Independence Program Clothing Allowance Increase**

- Funds \$200 annual clothing allowance payment for all 45,000 children receiving FIP assistance.
- \$6.1 M investment is entirely funded with federal TANF revenues.

# **MDHHS Contact Info and Useful Links**

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: <http://www.michigan.gov/mdhhs>

(OTHER USEFUL LINKS TO BE UPDATED BY LEGISLATIVE OFFICE)

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# Field Operations Administration

## Fiscal Year 2017

Presentation to { }

Tuesday, March 1, 2016

**Terrence M. Beurer**, Senior Deputy Director, Field Operations Administration  
**Farah Hanley**, Senior Deputy Director, Financial Operations Administration

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- Approximately \$2.4 million (gross) savings has been realized
- The hiring freeze was lifted on October 27, 2015 and we have filled a total of 252 positions from that time until January 30, 2016

# Pathways to Potential (1 of 2)

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1. Decrease chronic absenteeism by at least 10%
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## Highlights

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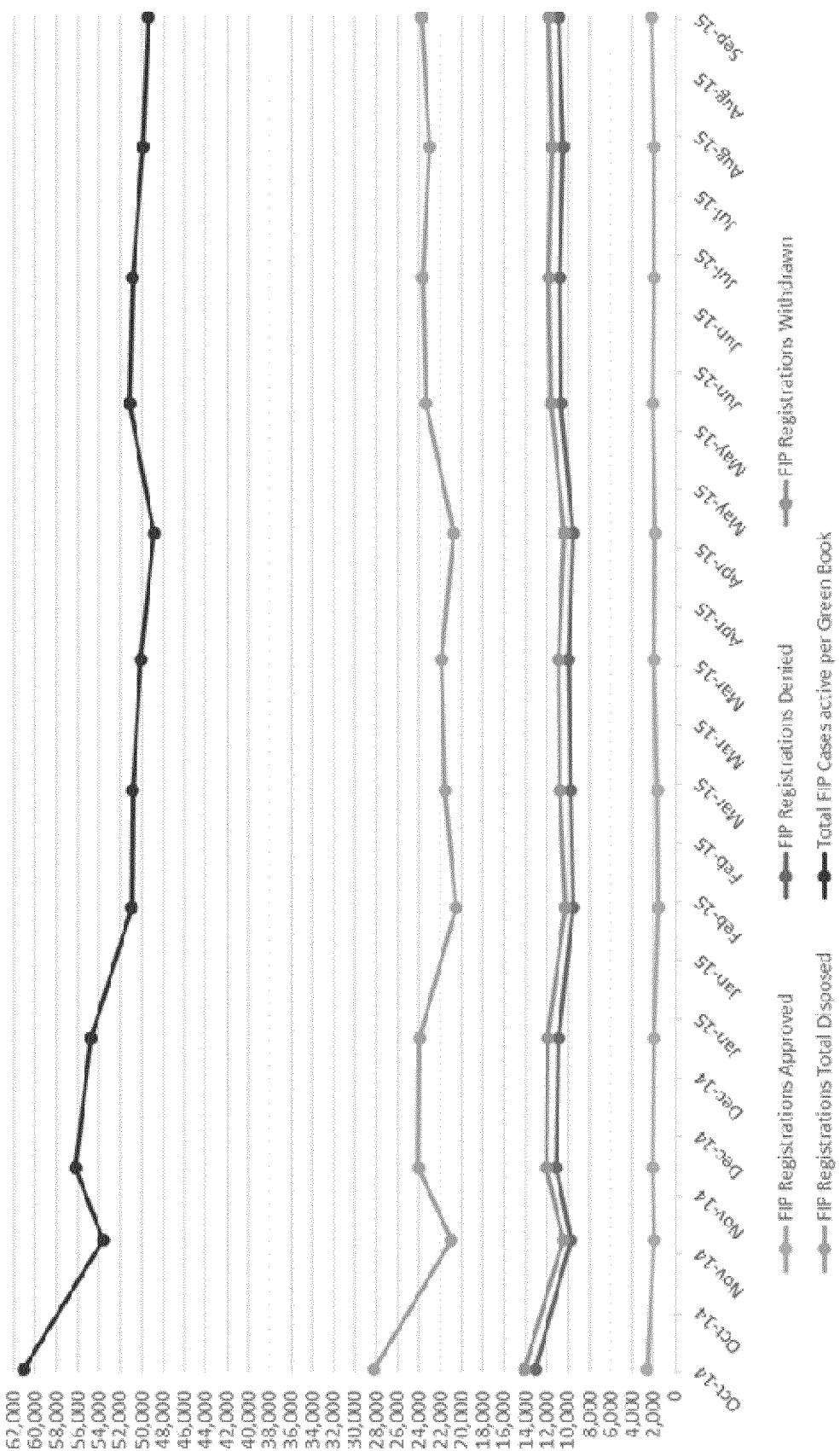
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## Family Independence Program



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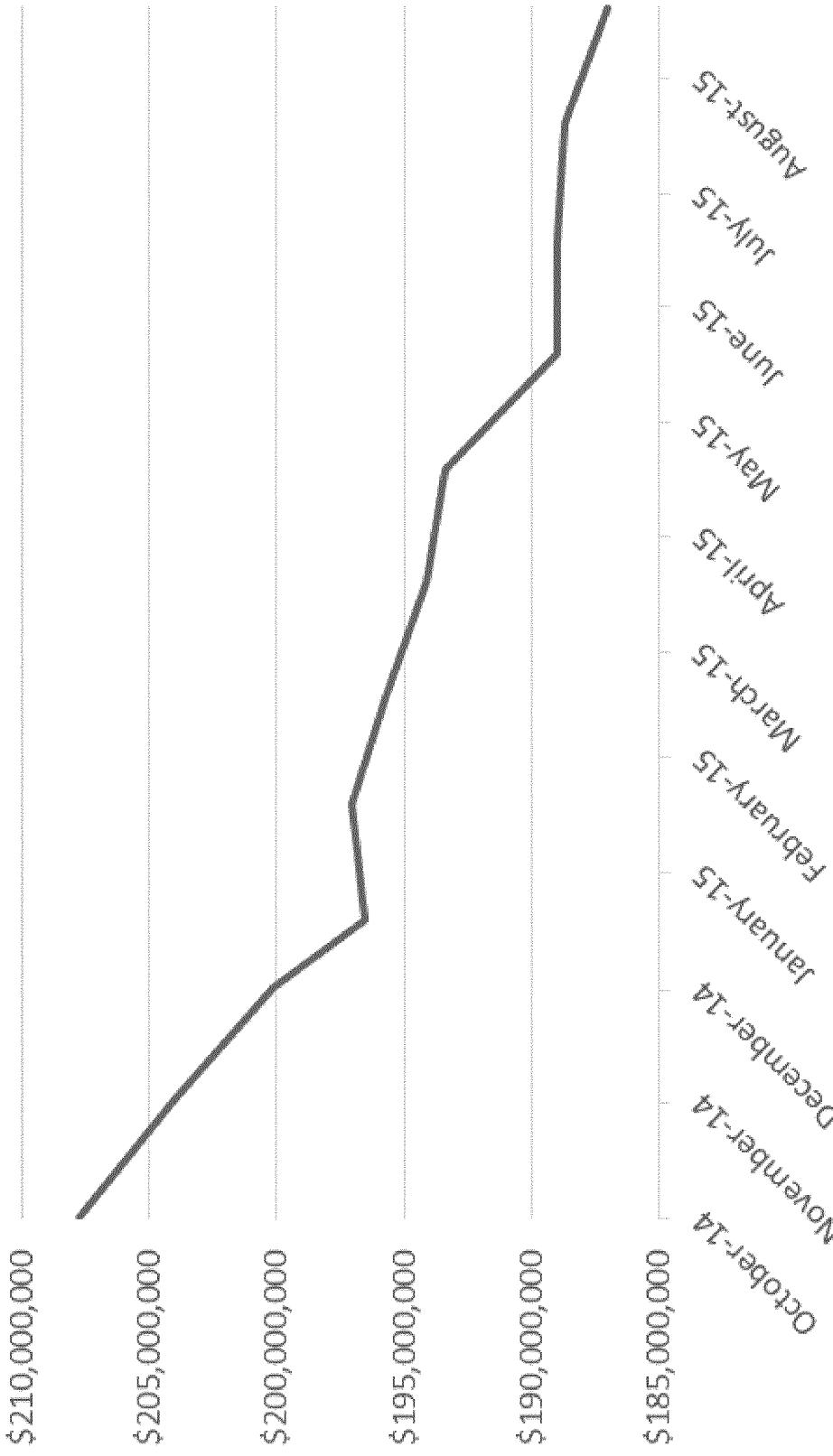
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- Raise the food purchasing power of low-income persons.

# Food Assistance Program

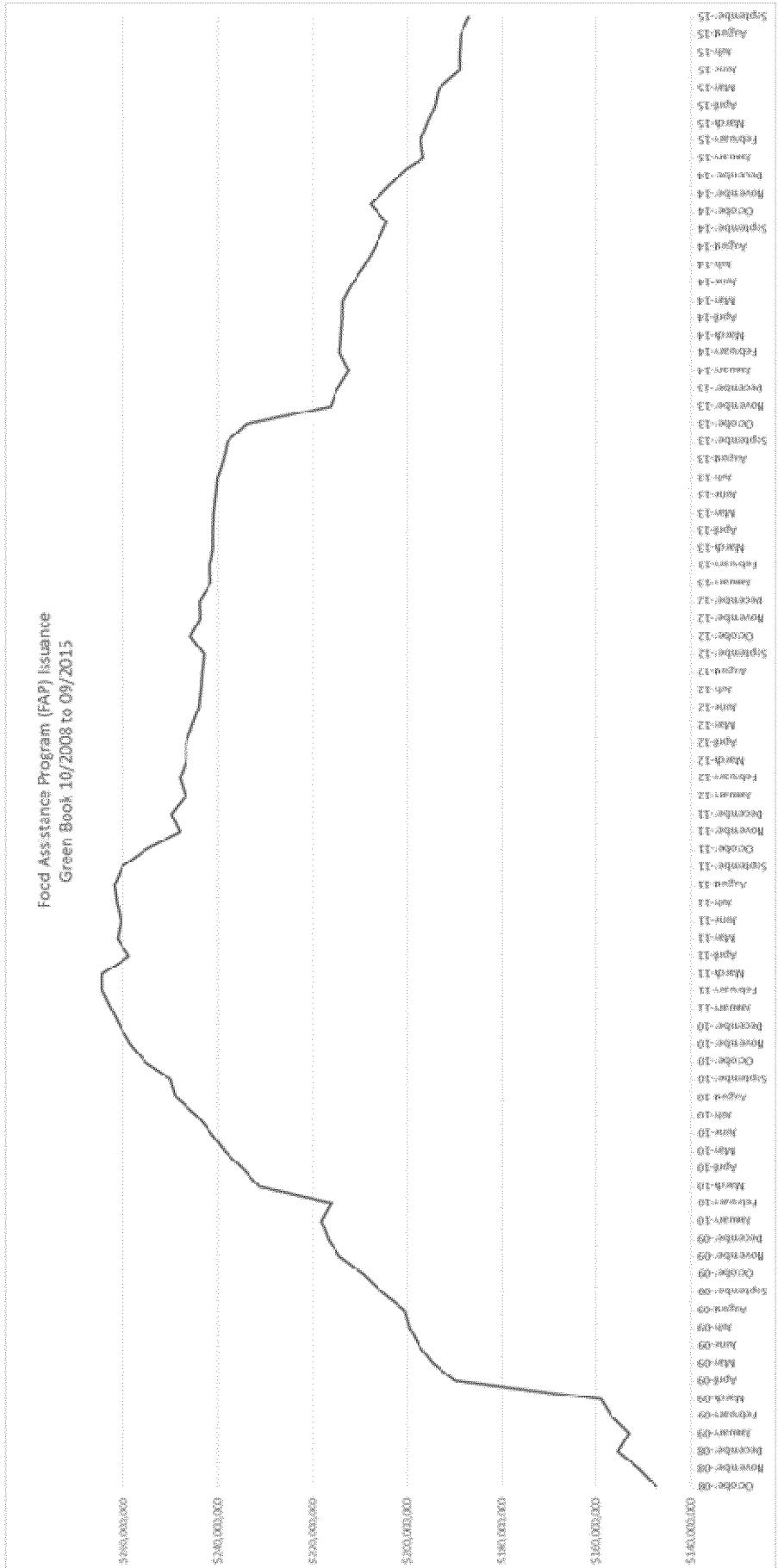
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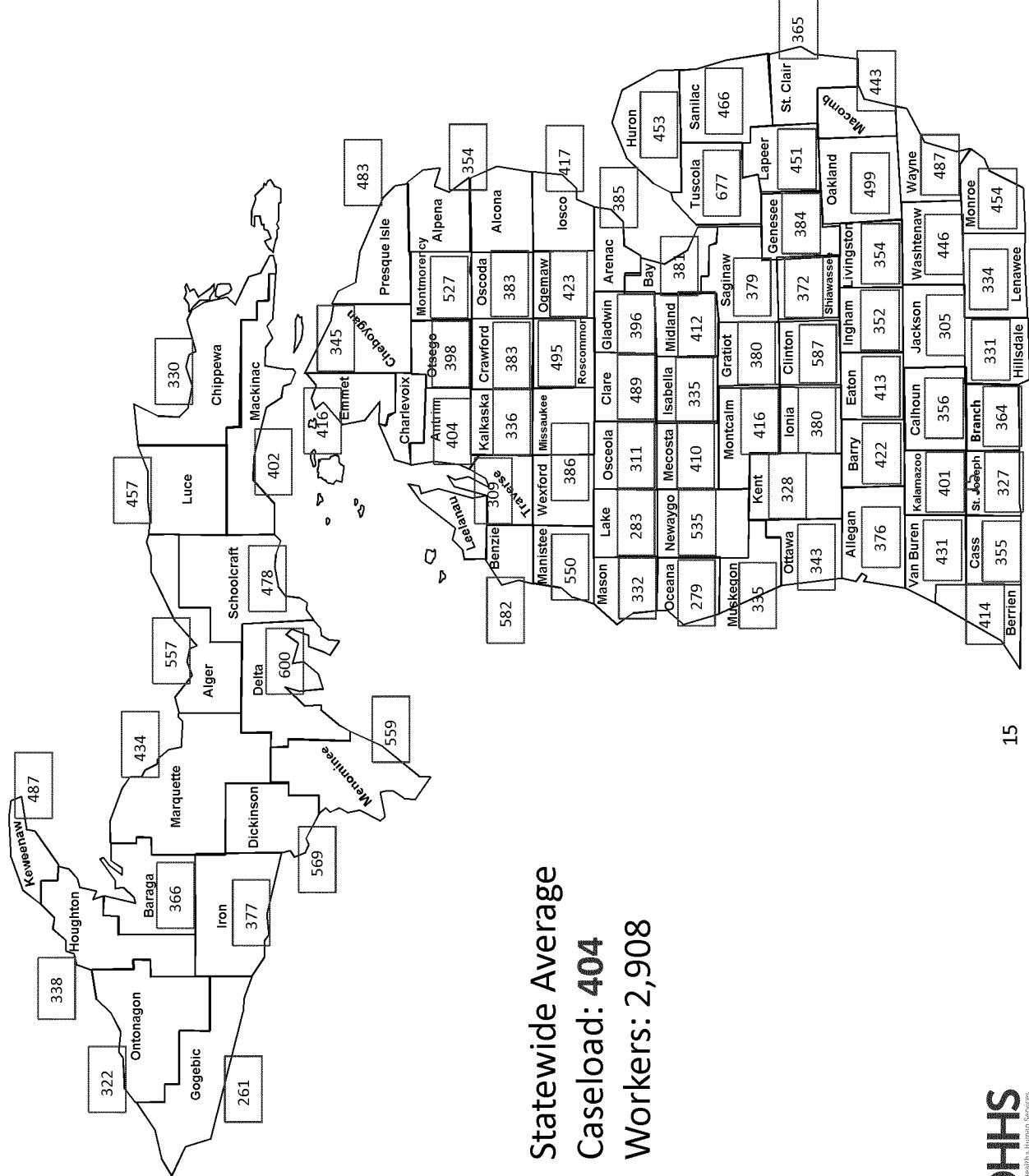
# Food Assistance Program (FAP) Issuance Green Book FY2015



**Food Assistance Program (FAP) Issuance**  
Green Book 10/2003 to 09/2015



## Michigan's Average Caseloads



Statewide Average  
Caseload: 404  
Workers: 2,908



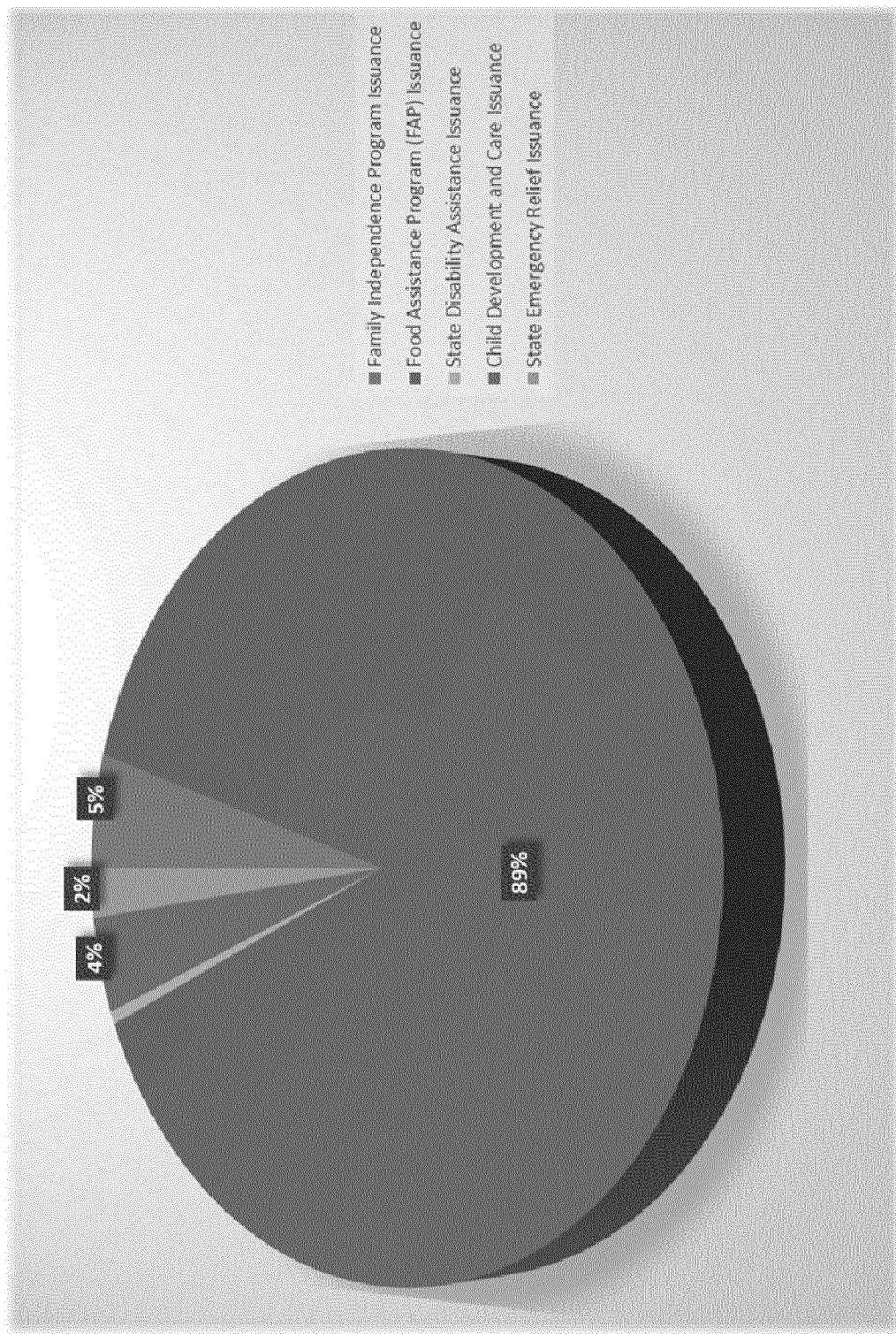
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Outcome for child from SED Waiver- the youth accessed needed CMHSP intensive services, cycle of hospitalization stopped, regularly attending special education program at school , off probation and still safely in the family home.

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## Green Book- Payment Program Issuance FY 2105

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## (1 of 2)

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- Burial: Payments are authorized for burial or cremation when the deceased person's estate and contributions from friends or relatives are not sufficient to pay for burial or cremation (there is a \$4,000 limit on voluntary contributions from friends or relatives over and above the SER payment). MDHHS policy does not give preference to cremation or burial. It is up to the person making the funeral arrangements to make the appropriate determination for the disposition of the deceased.

# State Emergency Relief (SER) Program (2 of 2)

- The following is a list of services\* available through the SER program:
  - Relocation
  - Home Ownership
  - Home Repairs
  - Utility Assistance
  - Burial

\*This is not inclusive of all services available through the SER program

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# **Governor Snyder's FY17 Recommendation**

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27



# MDHHS 2017 Budget Recommendations (in millions)

<b>Baseline Adjustments</b>	<b>Gross</b>	<b>GF/GP</b>
Caseload adjustments	(\$75,887,300)	(\$2,044,300)
Appropriation realignment	\$16,135,100	\$5,754,500
Merger related transfer	\$2,046,500	\$721,100
CCF fund shift	0.0	(\$15,000,000)
FMAP adjustments	0.0	(\$150,700)
Transfer to LARA EO 2015-3	(162,000)	(162,000)
Medical costs for DDS Operations	138,800	138,800
<b>Total Baseline Adjustments</b>	<b>(57,728,900)</b>	<b>(10,742,600)</b>

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Phone: (517) 373-1629

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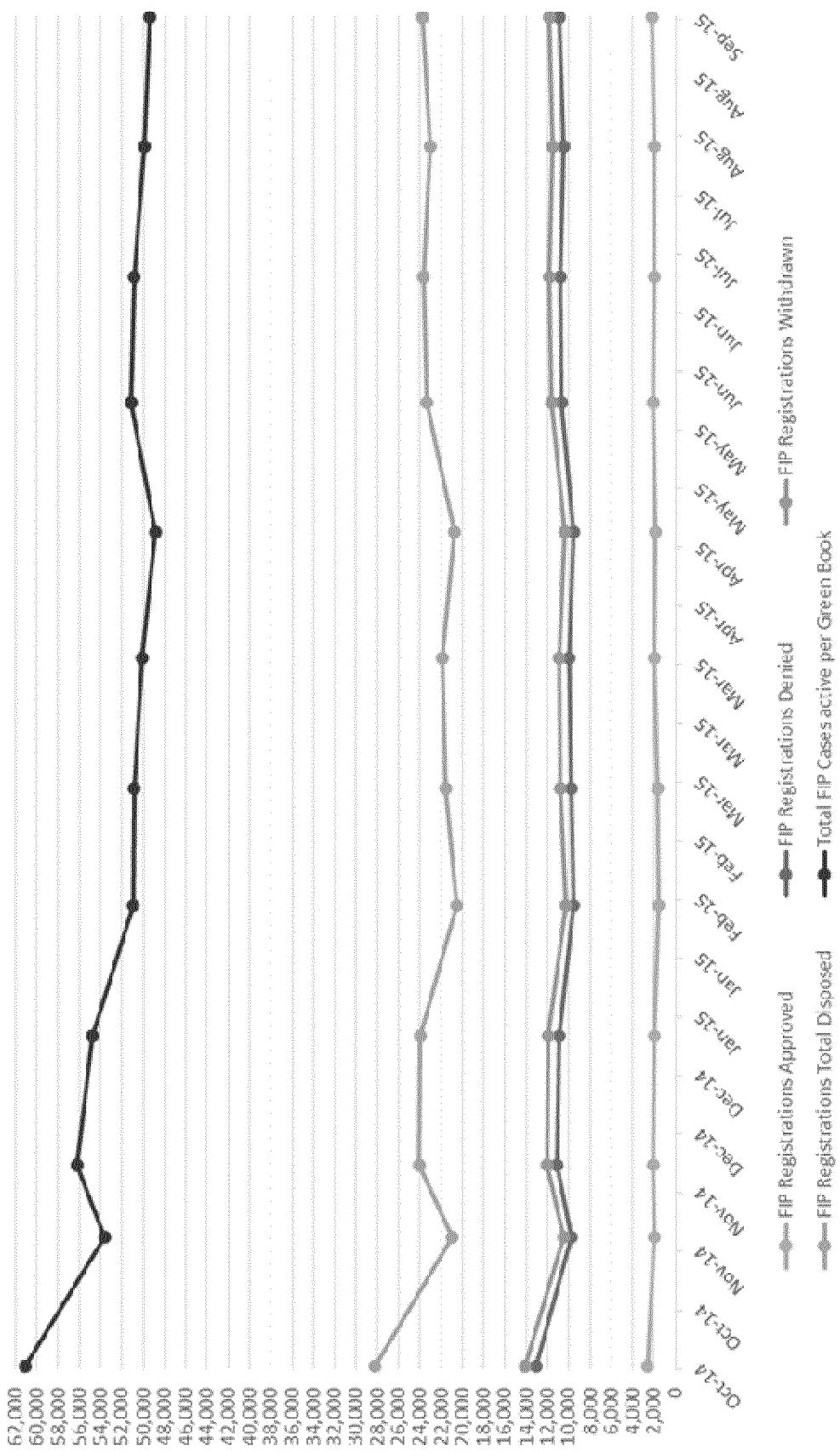
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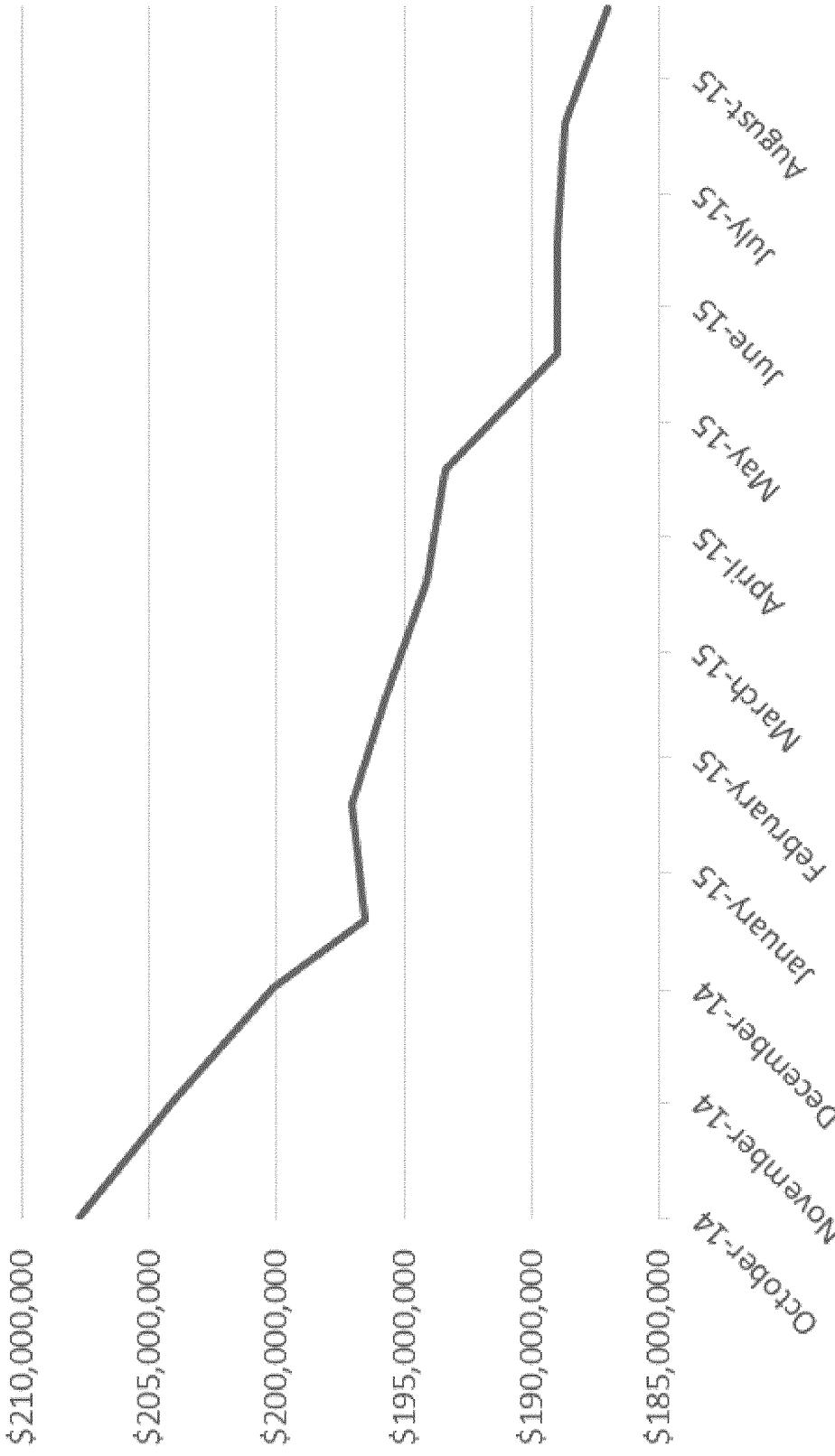
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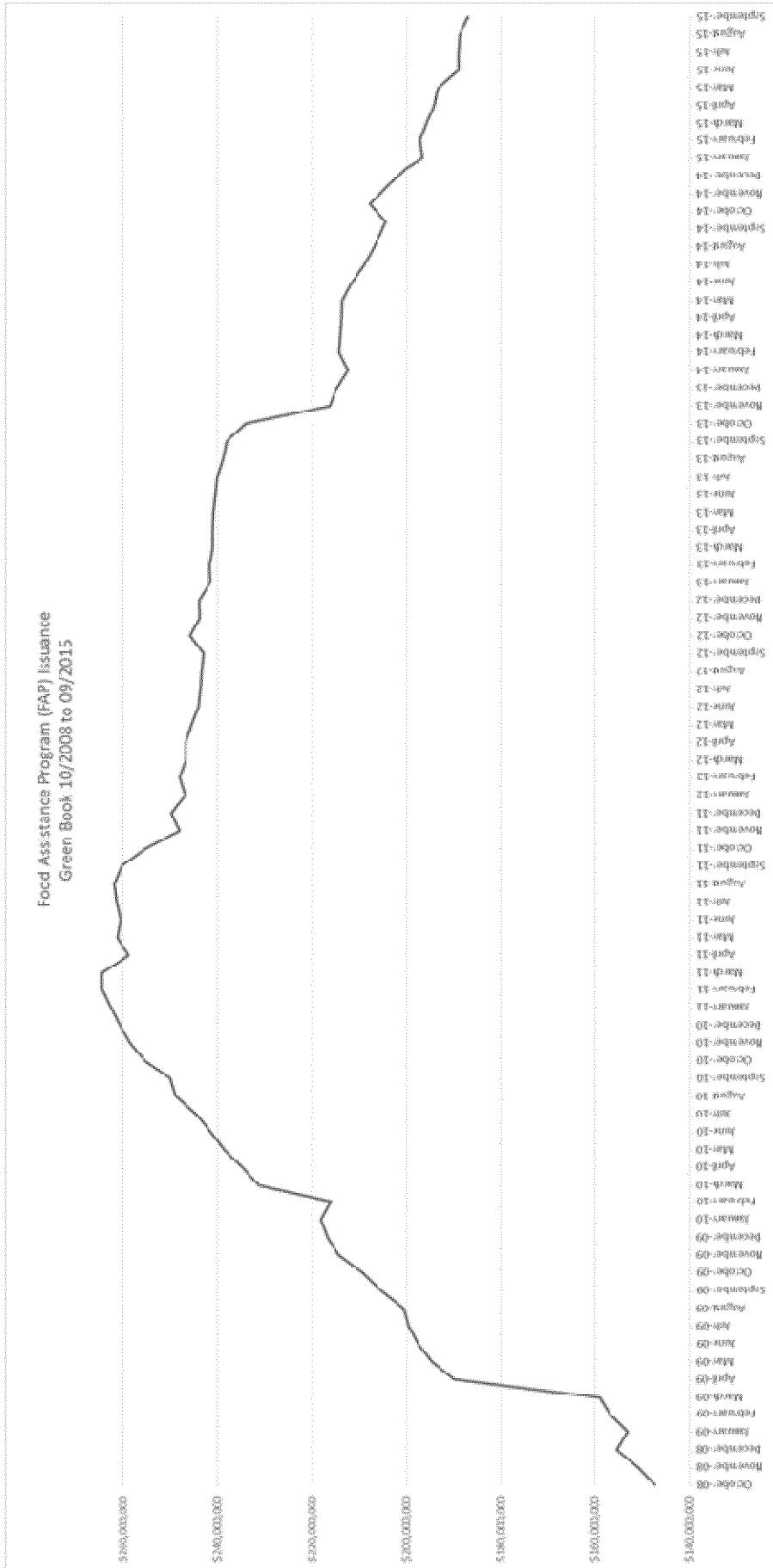
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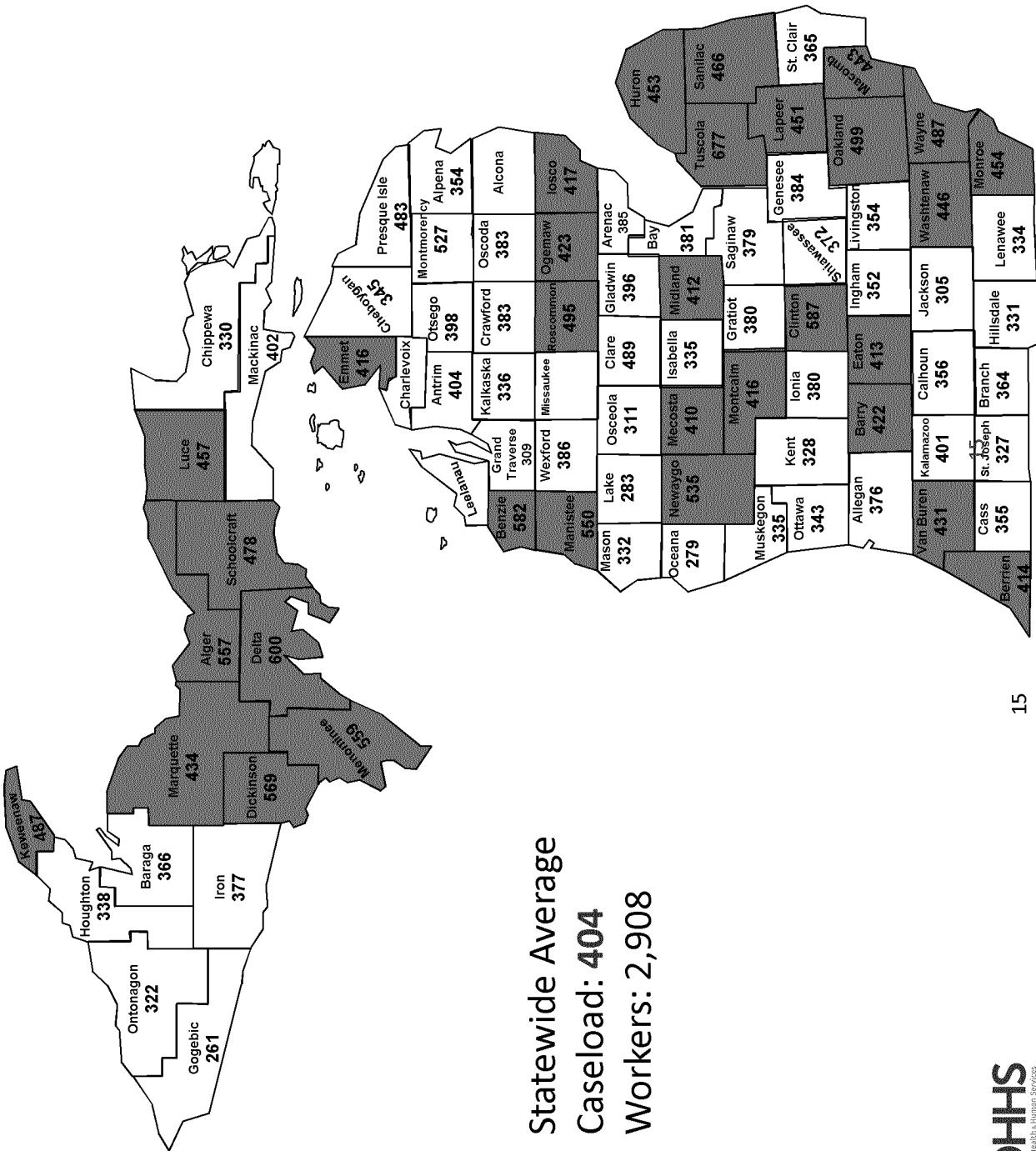
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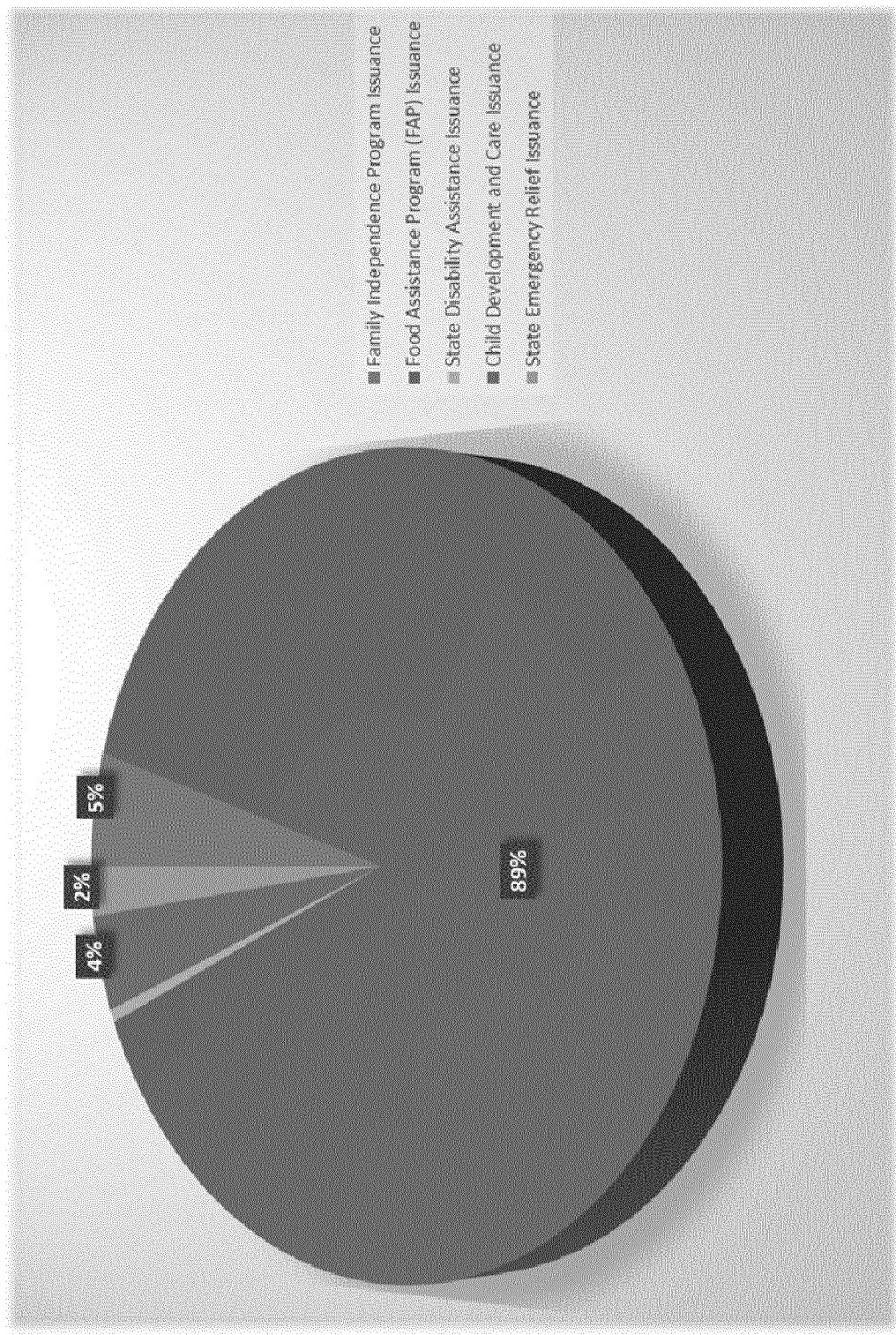
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# State Emergency Relief (SER) Program

## (2 of 2)

- The following is a list of services\* available through the SER program:
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\*This is not inclusive of all services available through the SER program

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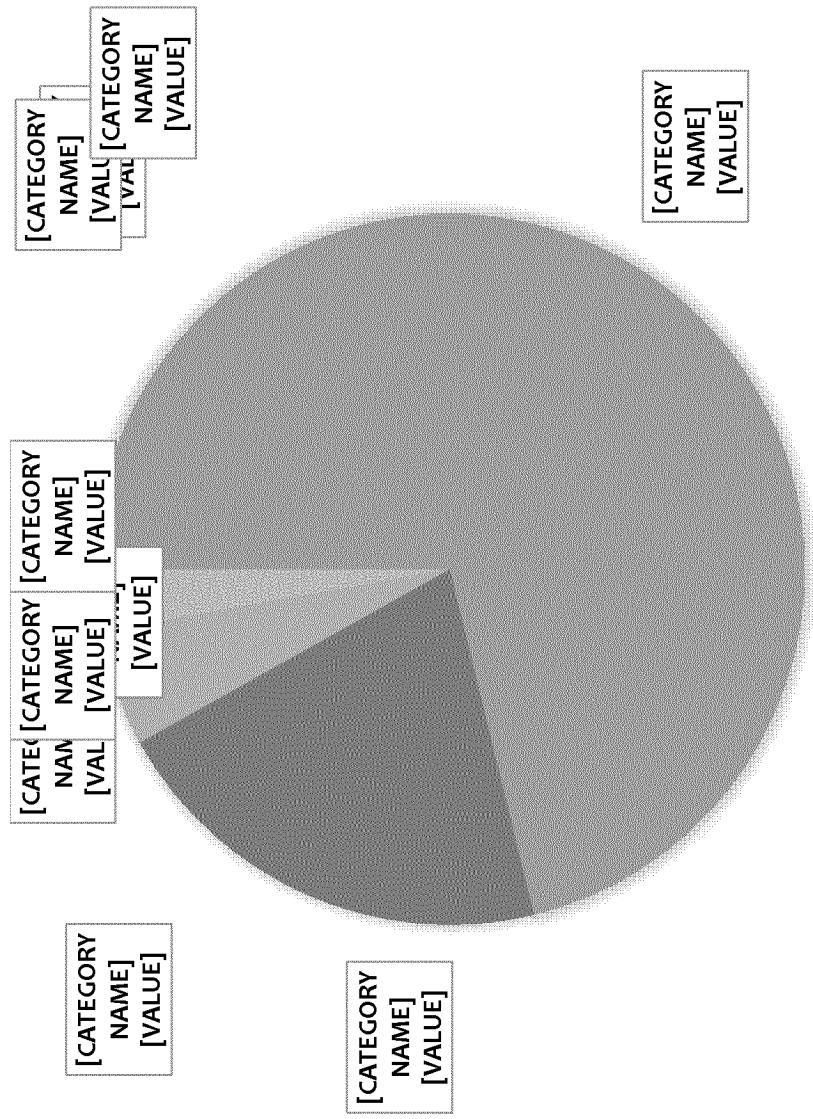
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# Governor Snyder's FY17 Recommendation

27



# FY 2017 FOA Appropriations



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Food Assistance program	(\$70.9)	\$0.0



# MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: <http://www.michigan.gov/mdhhs>

(OTHER USEFUL LINKS TO BE UPDATED BY LEGISLATIVE OFFICE)



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# Field Operations Administration Overview

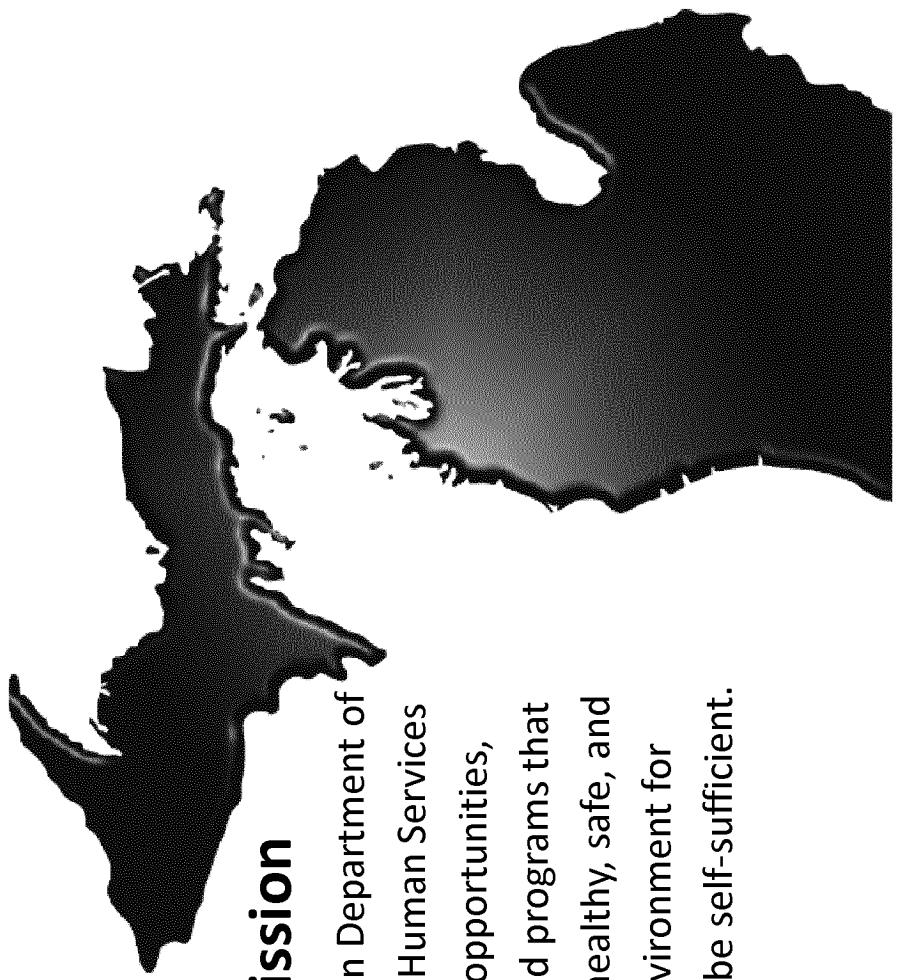
## Fiscal Year 2017

Presentation to { }

Tuesday, March 1, 2016

**Terrence M. Beurer**, Senior Deputy Director, Field Operations Administration  
**Farah Hanley**, Senior Deputy Director, Financial Operations Administration

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## Mission

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Pursuant to the mission and vision of the Department, Field Operations Administration (FOA) oversees the local DHHS offices that provide:

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FOA is also responsible for the oversight of the following Central Office Units:

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- Office of Child Support, which is responsible for Child Support enforcement



RICK SCHAFFER, GOVERNOR | NICK LYON, DIRECTOR

## **Action on Flint Declaration of Emergency**

- Teams of Genesee DHHS workers in conjunction with the State Emergency Operations Center have visited every home in Flint twice and we continue to purchase and make deliveries of water filters, replacement cartridges, and water test kits.
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## ***Merger Information***

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  - Local offices have been excited about the new opportunities presented by the movement of their office to a new location.
  - Locations report that clients have indicated how convenient it has been for them.
- Currently we are merging central office locations; reviewing previous DCH field locations to be consolidated into local DHHS offices as well as reviewing our lease portfolio and location of community partners to determine the right course for consolidation.
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- 252 FOA positions has been filled since the hiring freeze was lifted on October 27, 2015 (as of January 30, 2016).

# ***Pathways to Potential***

## **Goals**

1. Decrease chronic absenteeism by at least 10%
2. Expand to more rural areas
3. Focus on mental health and wellness and skills-based training
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The goal of the Family Independence Program (FIP) is to help families achieve self-sufficiency and reduce dependence on public assistance. FIP provides a monthly cash assistance grant for both one-and two-parent families which:

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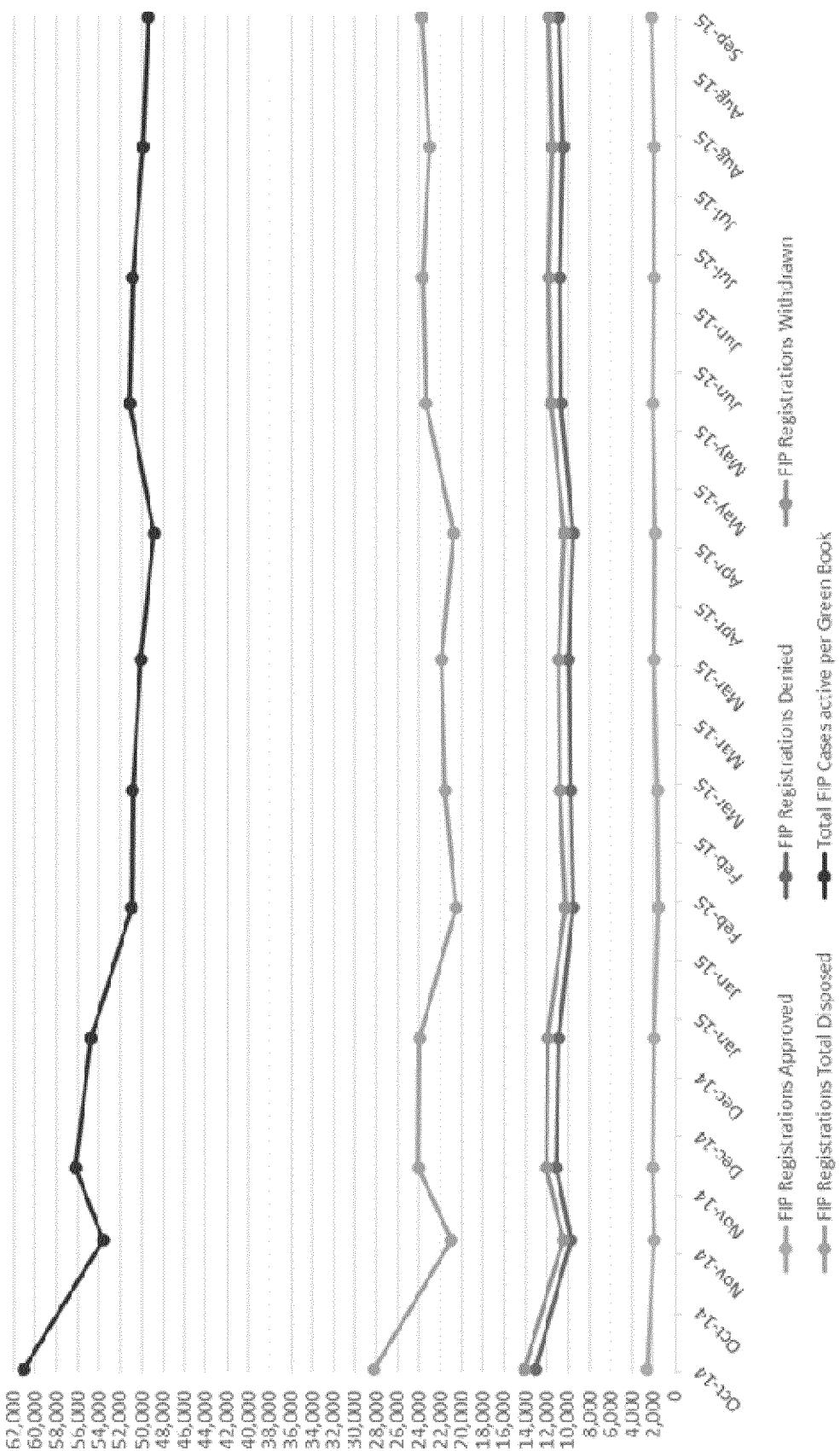
Families must meet income and asset requirements as well as other eligibility standards including (but not limited to): time on assistance, work participation requirements, school attendance and child support requirements.

# ***Family Independence Program***

## **Fiscal Year 2015 Information**

- Average Monthly Family Payment: \$146.29
- Monthly Average Recipients: 71,156
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## Family Independence Program



## ***Food Assistance Program***

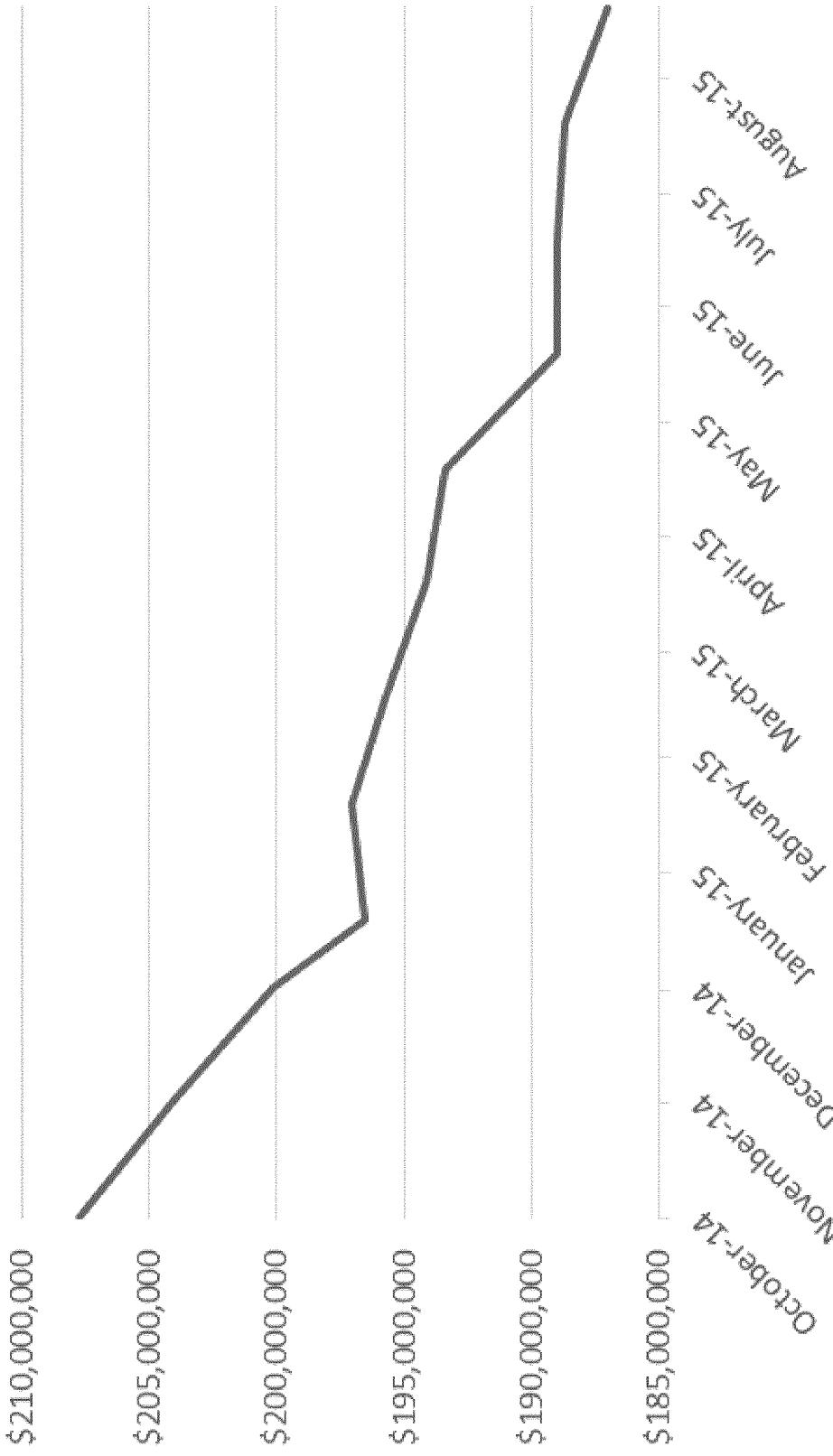
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- Households are eligible for FAP benefits based on criteria such as, but not limited to: assets, net income, household size, and certain expenses.
- FAP benefits raise the food purchasing power of low-income persons.

# ***Food Assistance Program***

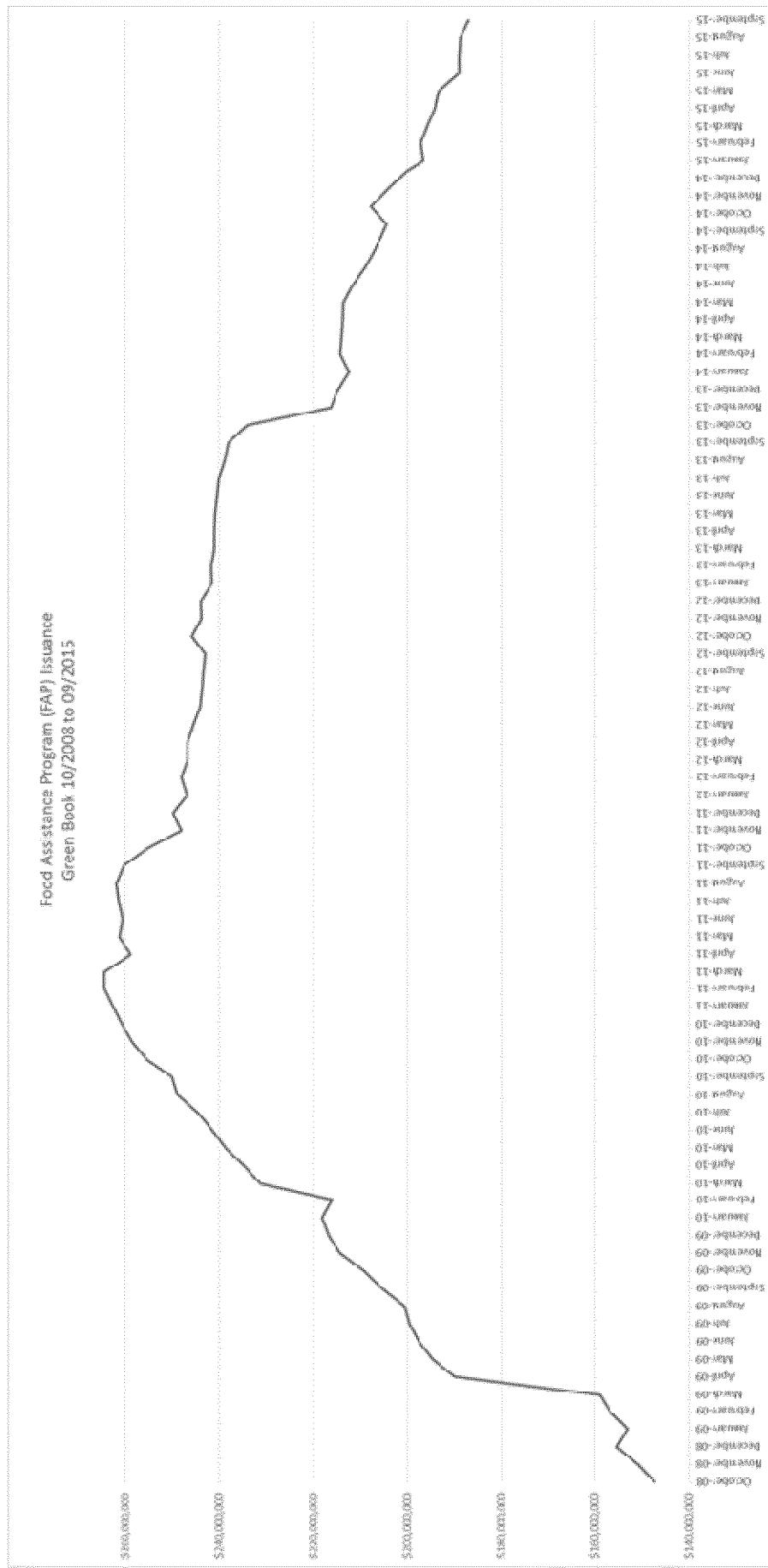
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- Statewide Monthly Average Payments: \$195,375,496
- Monthly Average Family Payment: \$237 per case, \$124 per person
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# Food Assistance Program (FAP) Issuance Green Book FY2015



Food Assistance Program (FAP) Issuance  
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# Michigan's Average Caseloads



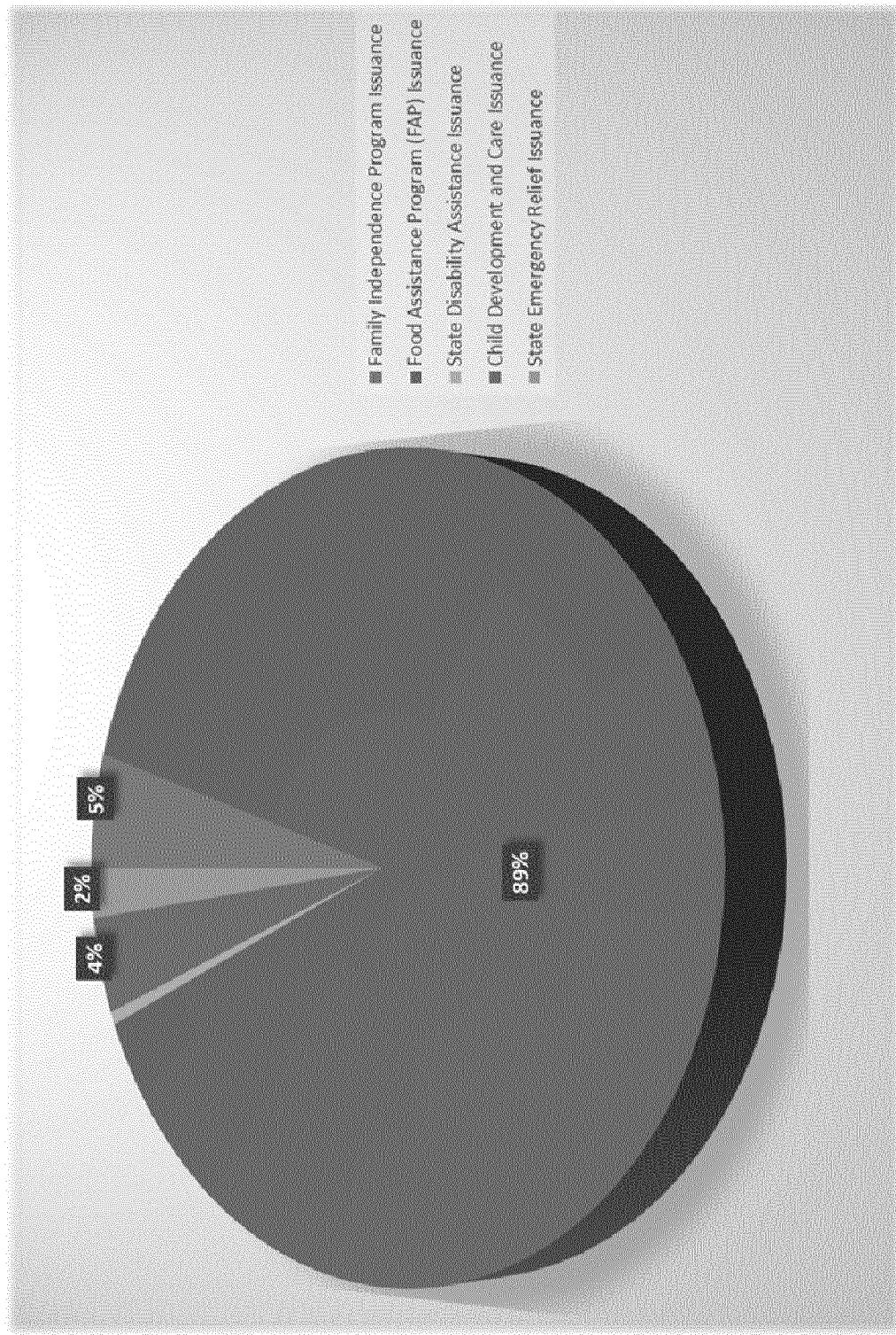
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Out of pocket cost of psychotropic medications/copays approximately \$300 a month and private insurance mental health coverage were exhausted for the year  
Youth unable to attend school most of the time due to behavioral health symptoms  
Supportive mother and step father but they are at the end of their rope with cycle of hospitalizations, police contacts, property destruction, self harm and aggression  
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Youth was on probation for domestic violence and property destruction (broke family's van windows on way to hospital in a violent rage)  
Youth desperately needed intensive services offered through PIHP/CMHSP not covered by private insurance (Wraparound, Home-Based Therapy using evidenced-based practices, respite, community living supports)  
Family could not afford to access CMHSP services without the SED Waiver which makes children Medicaid-eligible if they meet the criteria for psychiatric hospital level of care and are one of the 33 counties who have the SED Waiver and the CMHSP has General Fund match  
Outcome for child from SED Waiver- the youth accessed needed CMHSP intensive services, cycle of hospitalization stopped, regularly attending special education program at school , off probation and still safely in the family home.

## Green Book FY 2015 Payment Program Issuance



## *Public Assistance Programs*

### *Payment Issuance FY 2015*

- Family Independence Program Payments: \$2,344,505,957
- State Disability Assistance Payments: \$13,999,788
- Food Assistance Program Payments: \$2,344,505,957
- State Emergency Relief Payments: \$54,871,372
- Child Development and Care Payments: \$104,995,386
- Total Payment Program Issuance: \$2,643,274,798

## ***Donated Funds Agreement Positions***

- 120 executed agreements provide a total of 152 FTEs to contractors throughout the state.
- FTEs are various worker types including Administrative Support Staff, Eligibility Specialists, Family Independence Specialists, Services Specialists, and Supervision.
- The Department continues to regularly receive requests for donated funds positions.
- These positions are a benefit to both the Department and the contractor.
  - Donated funds positions work with a specific population, which in many cases saves clients from having to seek services at a traditional DHHS office.

## **State Emergency Relief (SER) Program**

- Provides immediate assistance for individuals facing conditions of extreme hardship or emergencies threatening health and safety.
- Designed to assist low-income households that are normally able to make ends meet but have an unexpected emergency situation arise.
- Assistance through the SER program may resolve the client's situation and eliminate the need for further assistance, maintaining the goal of self-sufficiency.

[Speaker Notes For Slide: 20]

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- Relocation: Provides assistance with rent, security deposits and moving expenses.
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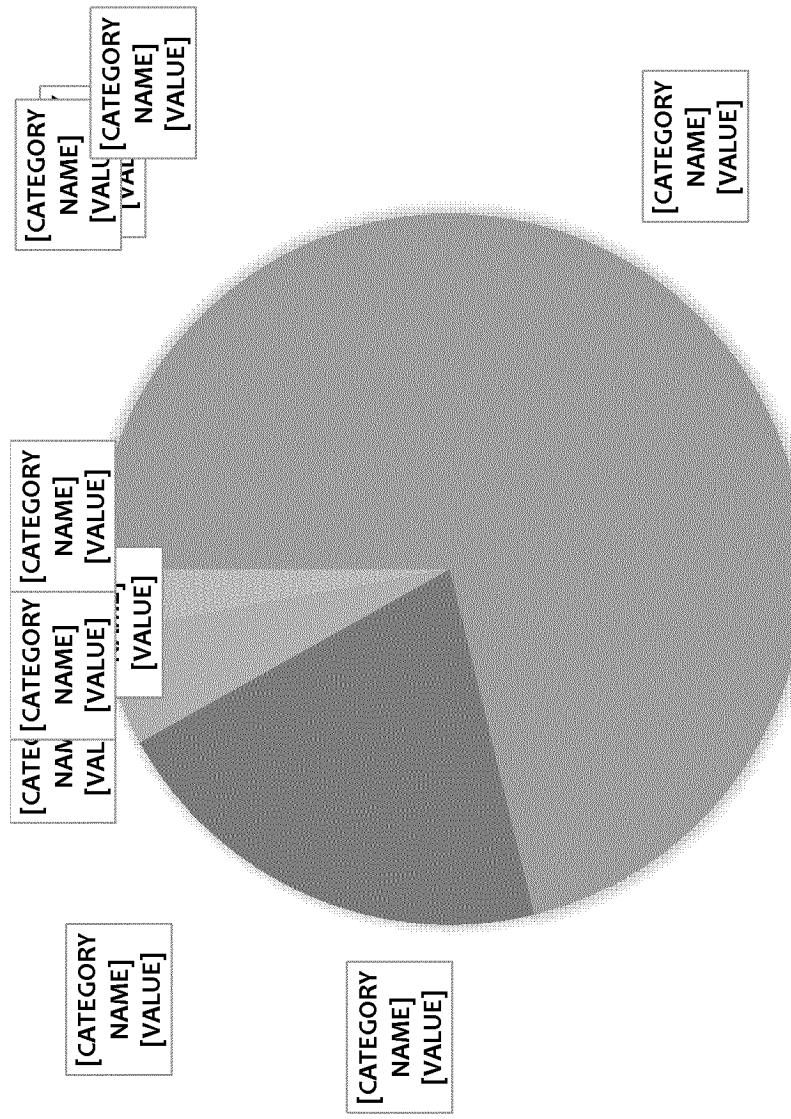
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# Governor Snyder's FY17 Recommendation

28



# FY 2017 FOA Appropriations



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## Fiscal Year 2017

Presentation to { }

Tuesday, March 1, 2016

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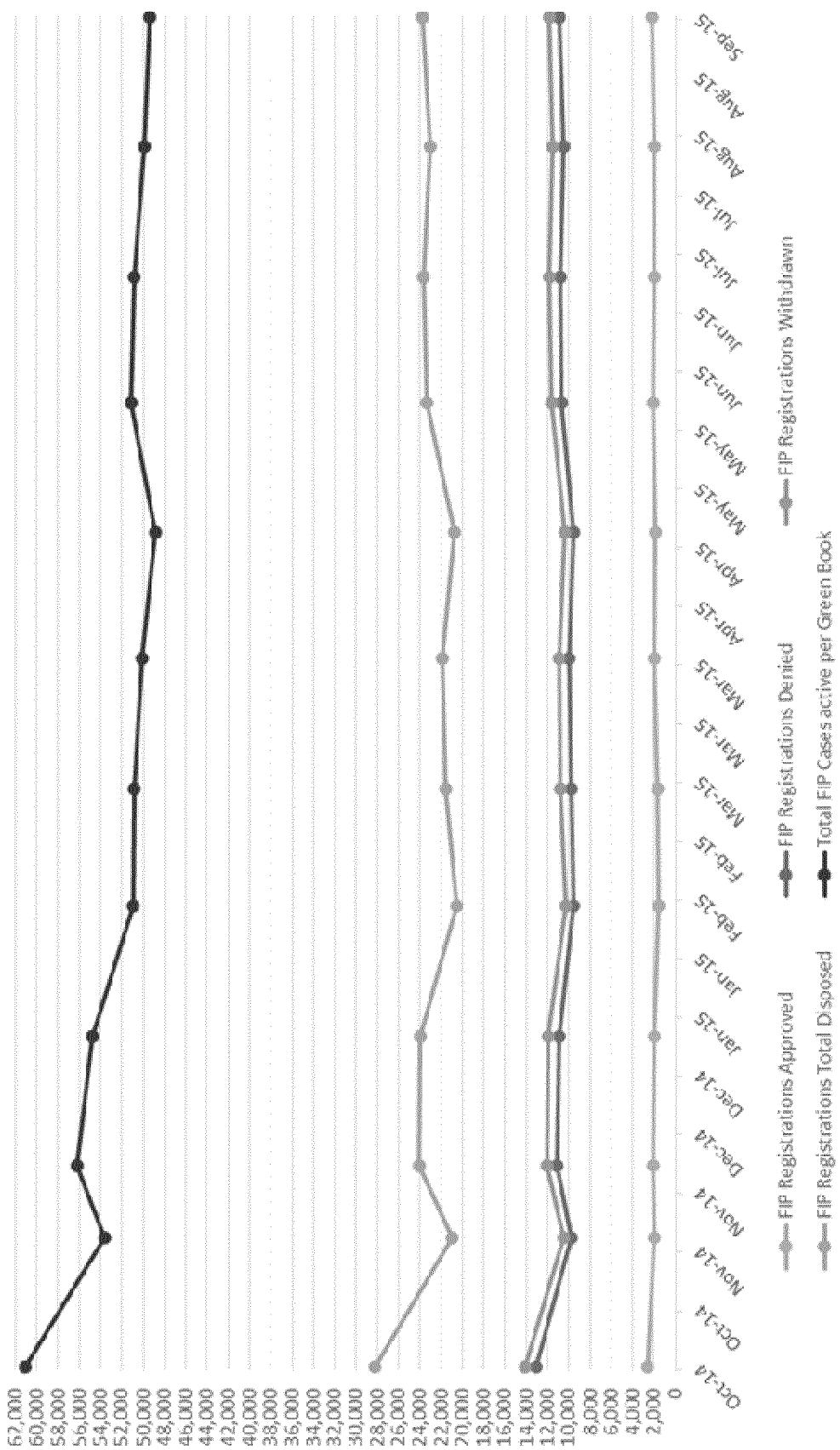
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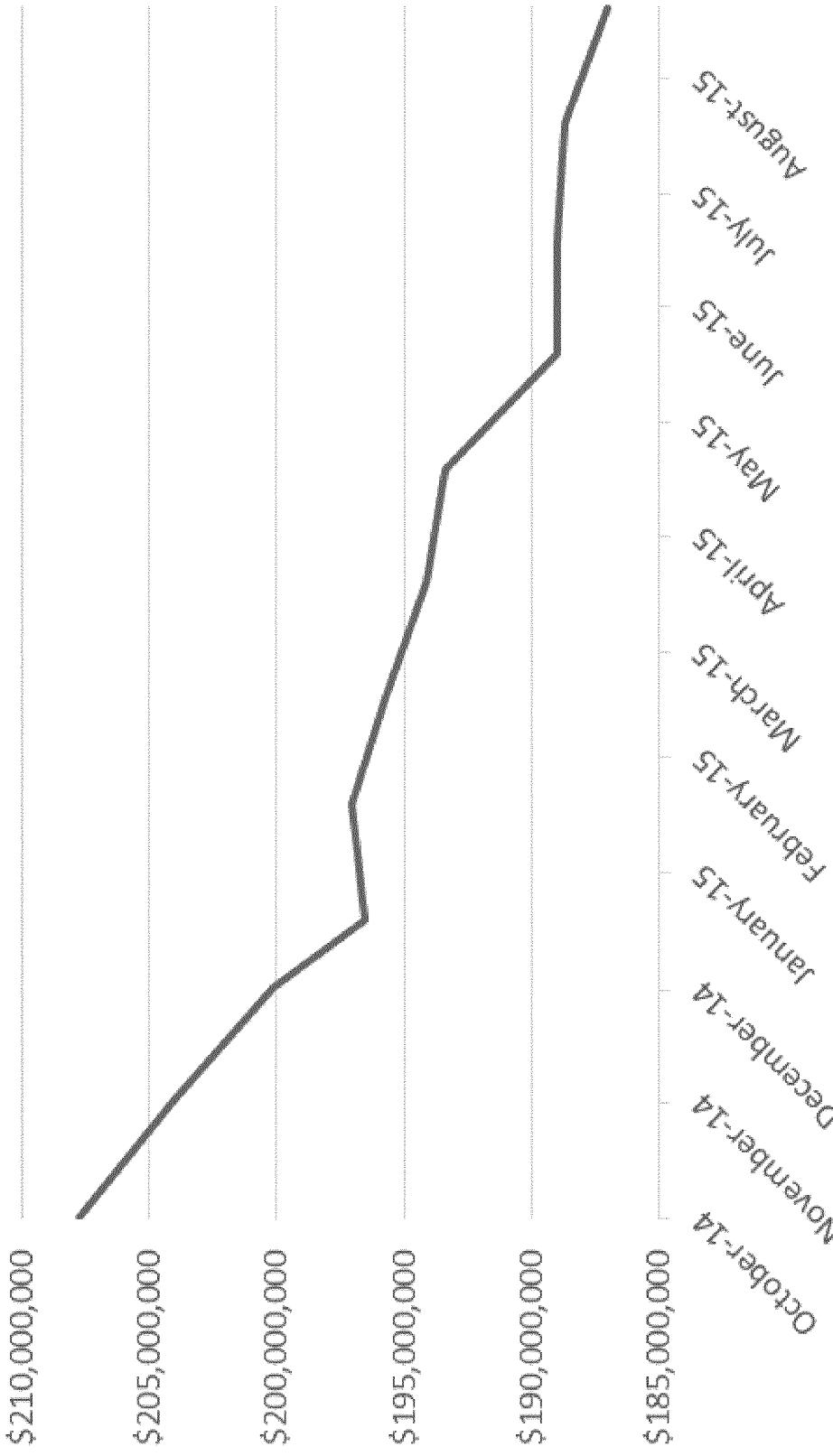
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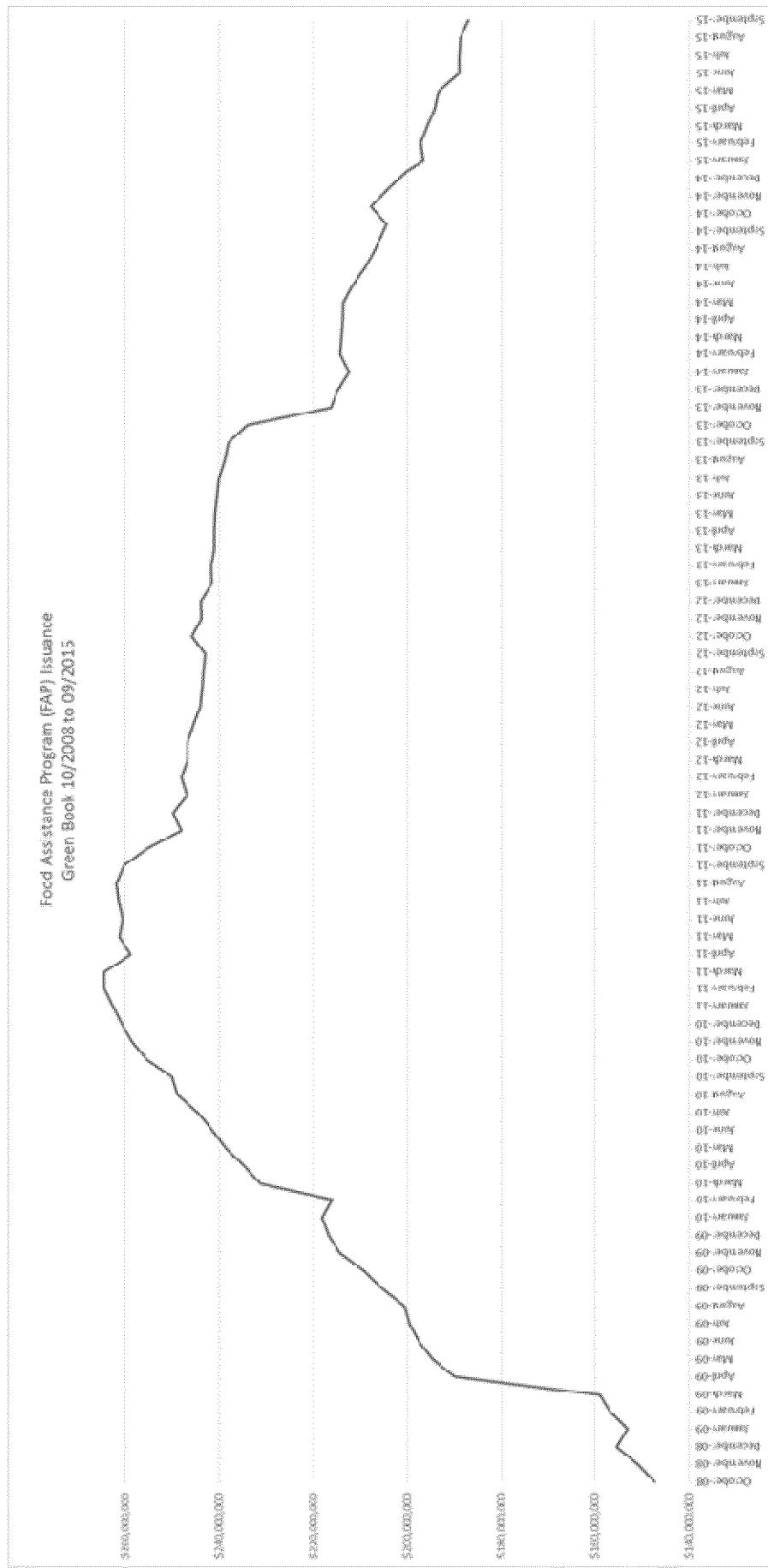
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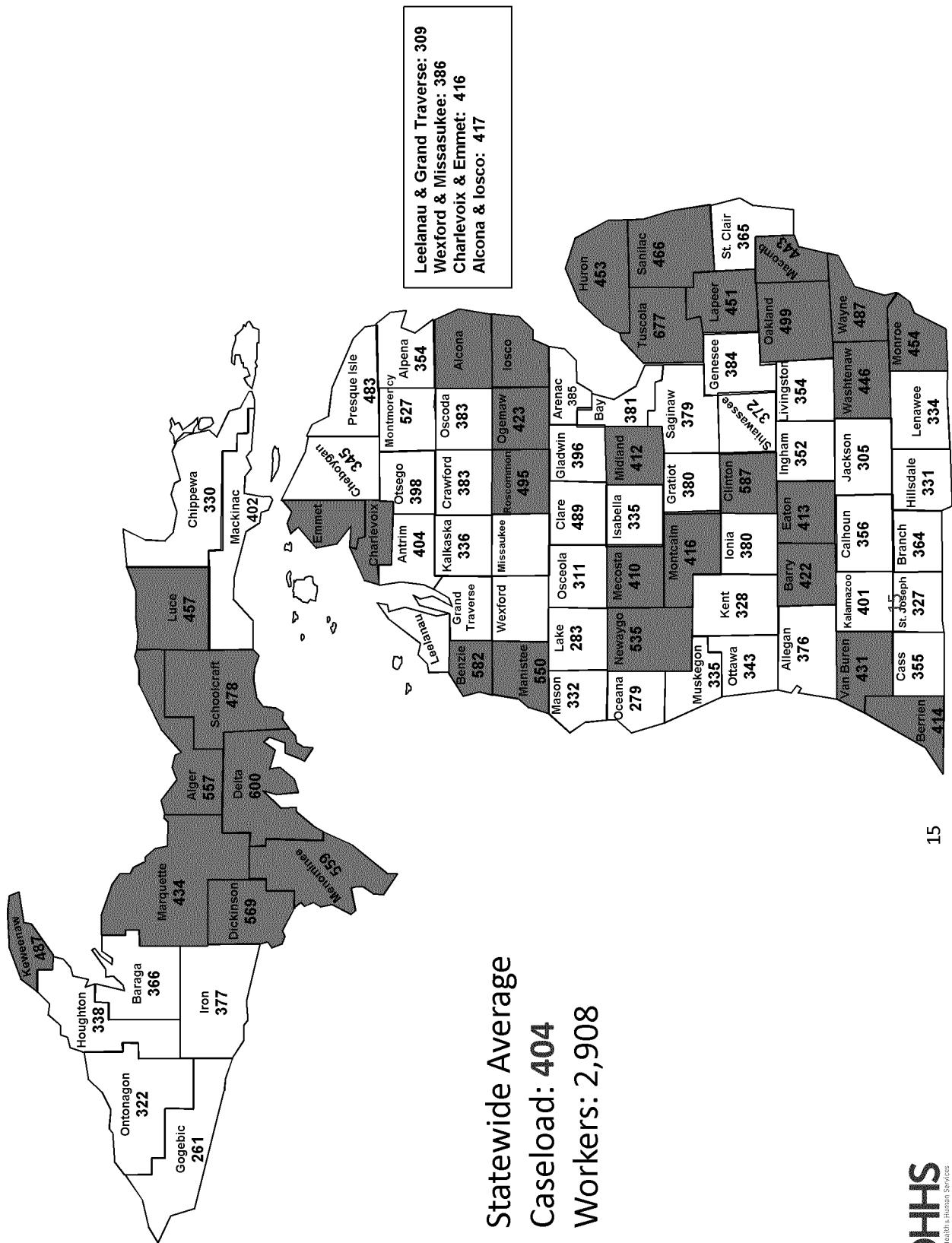
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# Michigan's Average Caseloads



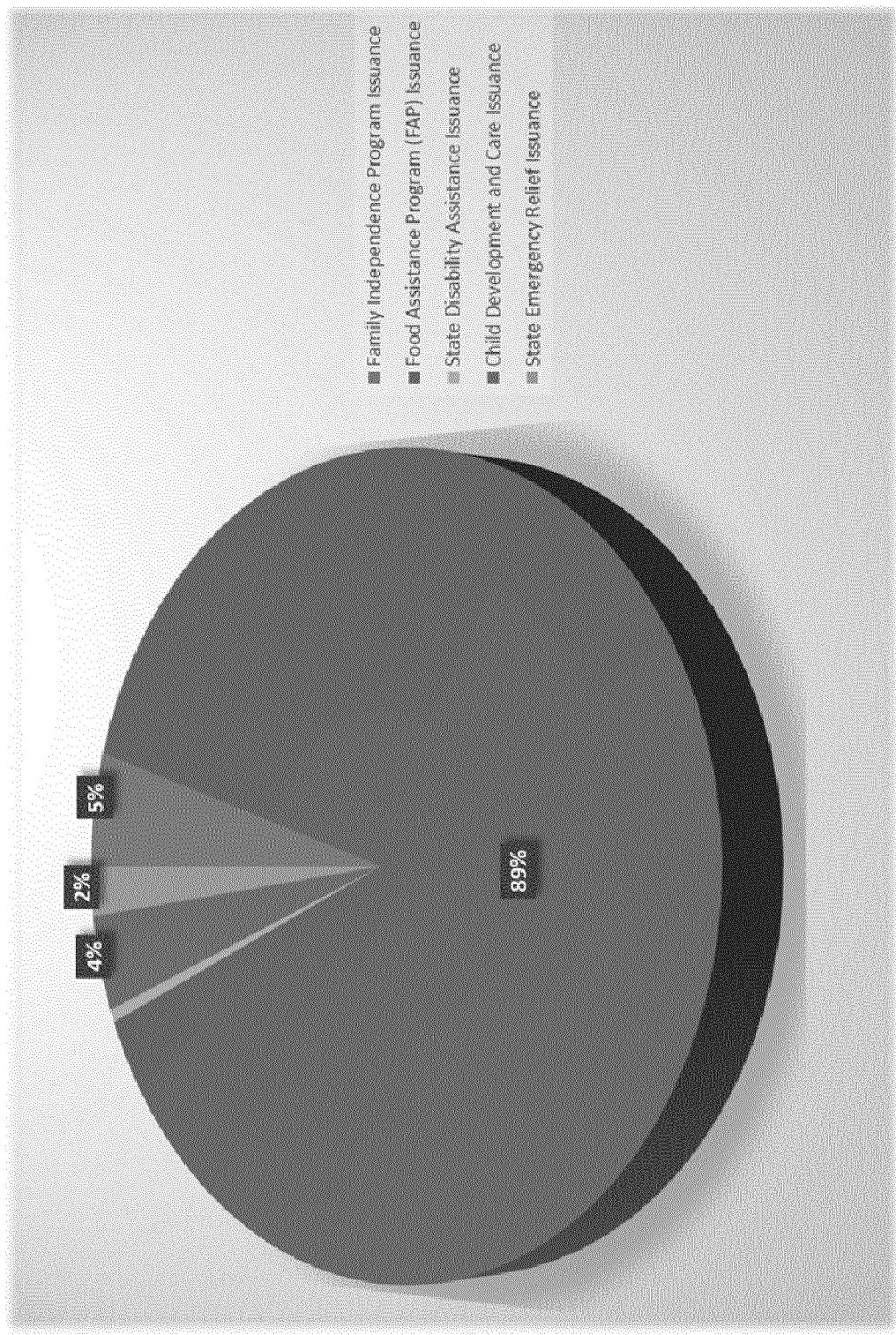
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### *Payment Issuance FY 2015*

- Family Independence Program Payments: \$2,344,505,957
- State Disability Assistance Payments: \$13,999,788
- Food Assistance Program Payments: \$2,344,505,957
- State Emergency Relief Payments: \$54,871,372
- Child Development and Care Payments: \$104,995,386
- Total Payment Program Issuance: \$2,643,274,798

## ***Donated Funds Agreement Positions***

- 120 executed agreements provide a total of 152 FTEs to contractors throughout the state.
- FTEs are various worker types including Administrative Support Staff, Eligibility Specialists, Family Independence Specialists, Services Specialists, and Supervision.
- The Department continues to regularly receive requests for donated funds positions.
- These positions are a benefit to both the Department and the contractor.
  - Donated funds positions work with a specific population, which in many cases saves clients from having to seek services at a traditional DHHS office.

## **State Emergency Relief (SER) Program**

- Provides immediate assistance for individuals facing conditions of extreme hardship or emergencies threatening health and safety.
- Designed to assist low-income households that are normally able to make ends meet but have an unexpected emergency situation arise.
- Assistance through the SER program may resolve the client's situation and eliminate the need for further assistance, maintaining the goal of self-sufficiency.

[Speaker Notes For Slide: 20]

SER is not issued to resolve applicant-created emergencies. Covered services include:

- Relocation: Provides assistance with rent, security deposits and moving expenses.
- Home Ownership: House payments, property taxes, homeowner's insurance and mobile home owner's lot rent, up to a lifetime limit of \$2,000, to prevent loss of a home if no other resources are available and the home will be available to provide safe, affordable shelter in the foreseeable future.
- Home Repairs: Up to a lifetime limit of \$4,000 for energy-related repairs (furnace repair/replacement) and \$1,500 for non-energy-related repairs, to correct unsafe conditions and to restore essential services.
- Utility Assistance: Restoration or shutoff prevention of water, sewer and cooking gas service (up to a fiscal year cap of \$175) and utility deposits and reconnection fees (up to \$200 per occurrence) when service is necessary to prevent serious harm.
- Burial: Payments are authorized for burial or cremation when the deceased person's estate and contributions from friends or relatives are not sufficient to pay for burial or cremation (there is a \$4,000 limit on voluntary contributions from friends or relatives over and above the SER payment). MDHHS policy does not give preference to cremation or burial. It is up to the person making the funeral arrangements to make the appropriate determination for the disposition of the deceased.

## **State Emergency Relief (SER) Program**

The following is a list of some common services available through the SER program:

- Relocation
- Home Ownership
- Home Repairs
- Utility Assistance
- Burial

[Speaker Notes For Slide: 22]

SER is not issued to resolve applicant-created emergencies. Covered services include:

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- Home Ownership: House payments, property taxes, homeowner's insurance and mobile home owner's lot rent, up to a lifetime limit of \$2,000, to prevent loss of a home if no other resources are available and the home will be available to provide safe, affordable shelter in the foreseeable future.
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## ***Disability Determination Services (DDS)***

Following federal guidelines, DDS determines initial and continuing eligibility for State and Federal disability benefits:

- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)
- Medicaid Assistance (MA)
- State Disability Assistance (SDA)
- Disability retirement through the Office of Retirement Services (ORS)

[Speaker Notes For Slide: 24]

Effective July 1, 2015 DDS began full medical development of the State disability claims mentioned above. After initial case work up by the county offices and referral to DDS, a disability examiner will develop the medical case and determine disability eligibility within State standards for the program. Separation of costs between State GF and federal SSA funds are closely monitored and accounted.

## ***Child Support Enforcement***

The Office of Child Support (OCS) is the state agency authorized to administer the federal Title IV-D child support program in Michigan. OCS:

- Provides case initiation services to customers, operates the State Disbursement Unit, provides centralized enforcement services, and is responsible for policy development and training.
- In conjunction with the Department of Technology, Management and Budget (DTMB), operates and maintains the statewide Michigan Child Support Enforcement System (MiCSES).
- Contracts with Friends of the Court (FOC) and county Prosecuting Attorneys to provide Title IV-D child support services including locating parents, establishing paternity, and establishing and enforcing support orders.



RICK Snyder, GOVERNOR NICK LYON, DIRECTOR

# **Child Support Enforcement**

- Child Support Strategy
  - Vision: Engage parents to improve children's lives
  - Mission: To achieve the permanent well-being and self-sufficiency of children and families
  - Goals: Case Processing, Collections, Customer Service, Teamwork, Healthy family relationships, Funding and Technology
- Disbursed Collections: \$1.36 billion in Fiscal Year 2015, including: \$43.5 million recovered for TANF/IV-E; \$43.6 million recovered for Medicaid; and \$1.237 billion paid to families. Approximately \$5.78 for each dollar spent on the program.
- Players: OCS support specialists and centralized support, Michigan State Disbursement Unit, county Prosecuting Attorney offices, county FOC offices, State Court Administrative Office (SCAO), State of MI Attorney General's Office.

# Governor Snyder's FY17 Recommendation

28



## *Budget Recommendation*

	<b>Gross</b>	<b>GF/GP</b>
Child Support Enforcement	\$209.9	\$34.5
Public Assistance	\$2,824.1	\$106.4
Field Operations and Support Services	\$820.7	\$253.1
Disability Determination Services	\$112.0	\$3.4
Total	\$3,966.7	\$397.4
One-Time Funding	\$6.1	\$0.0



RICK SCHAFFER, GOVERNOR | NICK LYON, DIRECTOR

# *MDHHS 2017 Investments*

## *Provide Support to Youth and Families*

### **Family Independence Program Clothing Allowance Increase**

- Funds \$200 annual clothing allowance payment for all 45,000 children receiving FIP assistance.
- \$6.1 M investment is entirely funded with federal TANF revenues.

# MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: <http://www.michigan.gov/mdhhs>

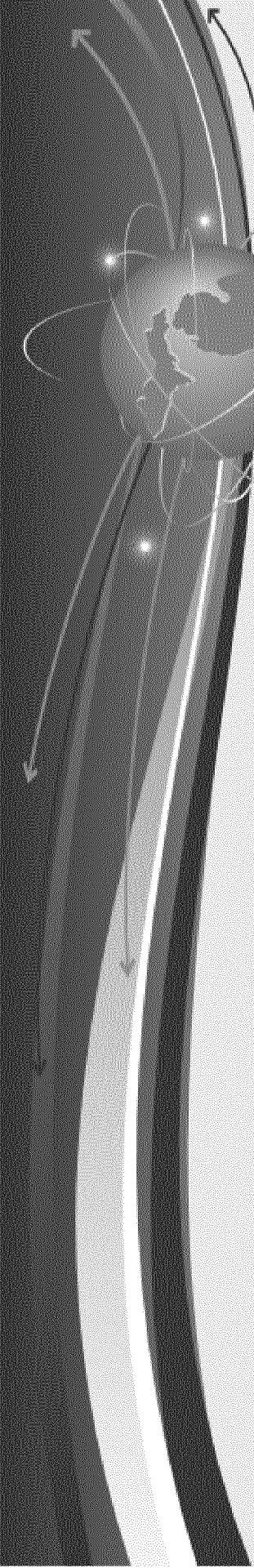
(OTHER USEFUL LINKS TO BE UPDATED BY LEGISLATIVE OFFICE)



[Speaker Notes For Slide: 31]

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I'd like to thank you for your time and attention today and invite any questions you may have.



# Policy, Planning & Legislative Affairs Administration

Fiscal Year 2017

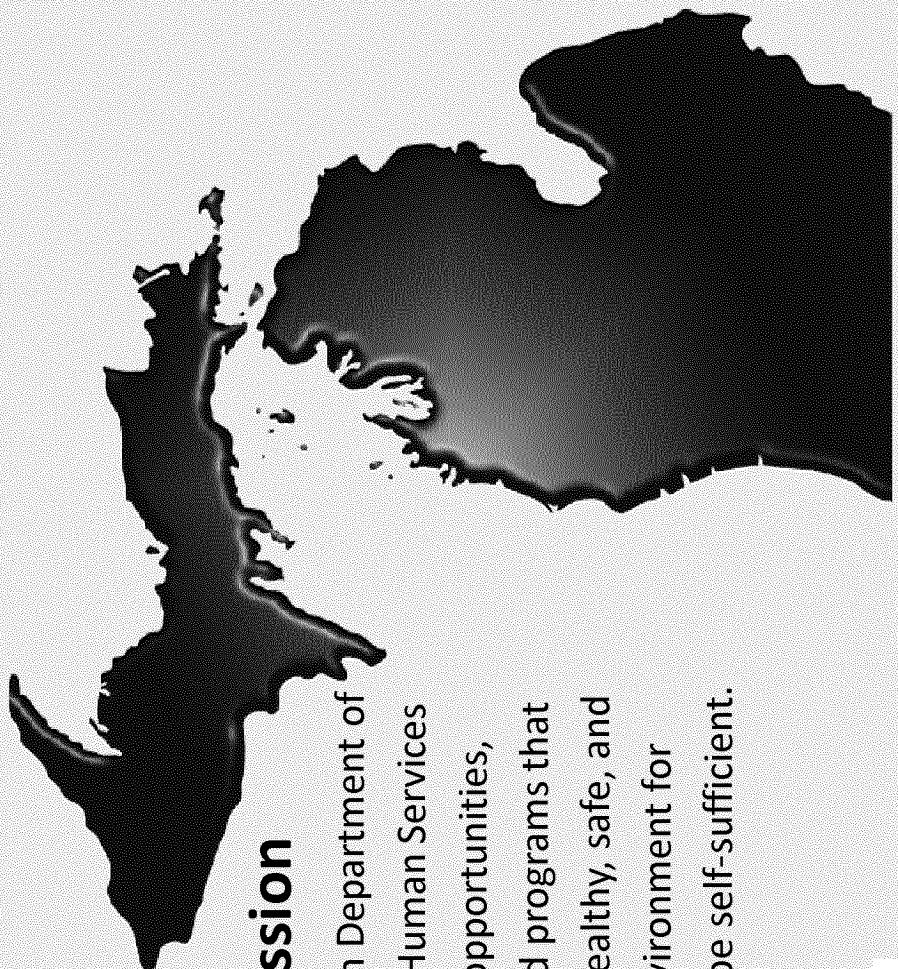
Presentation to {Senate/House} {Full/Sub} Appropriations Committee  
on Health & Human Services

{DATE}

# Our Guiding Principles

## Mission

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.



## Vision

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

# Mission

To ensure that MDHHS policy development, implementation, and legislative priorities are aligned with the department's strategic goals.

# Activities to support Flint water

- Working with the federal government to obtain a Health Professional Shortage Area designation, which will allow us to expand the State Loan Repayment program in Flint, to encourage more pediatric providers to practice in that area.
- In conjunction with LARA, utilizing Nurse Professional Funds to ensure comprehensive training for nurses on screening children for cognitive effects of lead.

# **Policy, Planning & Legislative Affairs**

- Policy
- Planning
- Michigan Rehabilitation Services
- Legislative Affairs & Constituent Services

# Policy

- State Innovation Model (SIM)
- Health Information Technology
- Health Disparities
- Integrated Service Delivery
- Other Policy Initiatives, including:
  - Human Trafficking Advisory Board
  - Governor's Opioid Task Force
  - Mental Health and Wellness Commission Implementation
  - People Group
  - NGA Super Utilizers Policy Academy Participant

# State Innovation Model

## Blueprint for Health Innovation

- The Goals:
  - Strengthen primary care
  - Provide coordinated care
  - Build capacity within communities
  - Improve systems of care
  - Reduce administrative complexity
- State Innovation Model:
  - Patient centered medical homes
  - Accountable systems of care
  - Community Health Innovation Regions
  - Payment systems
  - Health Information and process improvement infrastructure

# Health Information Technology

- Support the Health Information Technology Commission created by PA 137-06.
- Coordinate MDHHS activities with the Michigan Health Information Network.
- Offer recommendations on strategic alignment and direction on policy issues related to health IT and secure date exchange.
- Coordinate and align HIT and data sharing efforts with statewide transformation initiatives.
- Align federal health IT priorities with MDHHS health IT policy.

# Health Disparities Reduction and Minority Health Section

- Established in 1988 to provide a persistent and continuing focus on eliminating health disparities among Michigan's populations of color.
- Designated MDHHS lead for PA 65 related activities, including initiating and supporting programs, policies, and applied research to address factors that contribute to health disparities among racial and ethnic minorities in Michigan.

# Integrated Service Delivery

- Brief Overview
  - Integrated Service Delivery is an enterprise strategy to bring together a diverse set of benefits and services in a holistic, customer-focused experience aimed at impacting health, safety and self-sufficiency outcomes
  - The ISD strategy includes multiple key components:
    - A holistic, proactive customer needs assessment process
    - A shared platform for benefit applications, finding resources, service referrals and success planning
    - New client self-service opportunities including online services and a robust call center
    - Technology improvements which modernize our infrastructure, create shared services and better connect our systems to each other which will facilitate information exchange across programs
    - More effective distribution and completion of casework amongst MDHHS offices and employees through implementation of a universal caseload system

# Integrated Service Delivery

- Activities to Date

- MDHHS completed an integrated service delivery proof of concept (POC) to research and begin to test how ISD concepts could be applied within the Department and with partners
- MDHHS analyzed policy flexibility and programmatic waiver opportunities to address barriers and develop a set of policy and technological solutions that support ISD
- MDHHS has prepared a comprehensive business process and technology roadmap informed by proof of concept research to guide our FY 17 procurement, design and implementation efforts

# Planning & Program Development

- Healthcare Workforce
- Certificate of Need
- Pathways to Potential
- Central Grants Management

# Healthcare Workforce

- Increasing the Healthcare Workforce
  - Provides state loan repayment for primary care providers located in underserved areas of Michigan
  - Supports the recruitment and retention of international medical graduates
- Ensuring Access to Services Meets Demand
  - Supports the development of community health centers
  - Provides federal funds to Michigan's free clinics
- Creating Health Planning Tools
  - Designation and re-designation of healthcare shortage areas
  - Identifies characteristics of the uninsured in Michigan
  - Disseminates the annual County Health Rankings

# Healthcare Workforce

**545**  
Health Professionals currently receiving federal or state loan repayment or other benefits for serving in health professional shortage areas as supported by MDHHS

**85**  
International medical graduates able to serve MI citizens through the J1 Visa waiver as recommended by MDHHS

**59**  
Federally Qualified Health Centers and Community Health Centers, rural health clinics, school based clinics new or expanded this year with support from MDHHS

**48**  
Free clinics, providing care to residents that have no means to pay, that receive support from MDHHS

# Healthcare Workforce

*Focus: State Loan Repayment Program (SLRP) placements FY09-16*



[Speaker Notes For Slide: 15]

The State Loan Repayment Program is a federal, state and local partnership administered by MDHHS that allows employers to recruit and retain a provider to work in an underserved area by paying off some portion of their student loans through this program. State Loan Repayment focuses on all types of Primary Care providers, including dentists, physicians, physician assistants, nurse practitioners, social workers, and certified nurse midwives.

The average medical school graduate can have \$150,000 in loan debt, making loan repayment an attractive retention tool. This program has proven to make a profound impact on access to healthcare in many underserved communities.

Overall since the program began in 1991, the State Loan Repayment Program has provided medical loan repayment for 834 providers in Michigan. The majority of placements are rural with 560 providers serving in rural communities.

## Workforce Development

Focus: Obstetric (OB) Services in the State Loan Repayment Program (SLRP)



[Speaker Notes For Slide: 17]

Obstetric services has been a priority provider type for the State Loan Repayment Program for the last three years. Looking at obstetric and certified nurse midwife services, SLRP has allowed 47 OB and midwife providers to remain practicing in high-need areas around the state in the last 5 years.

# Certificate of Need

Promotes the availability and accessibility of quality health care services.

- The Certificate of Need Commission establishes standards that MDHHS implements.
- Approval is needed to initiate, replace or relocate any one of the 15 statutorily defined services or equipment.

# Michigan Certificate of Need

*Quick Statistics FY15*

**435** Letters of Intent received

**327** Applications filed

**314** Projects approved

**\$2.3 Billion**  
New capital expenditures in MI's healthcare system

[Speaker Notes For Slide: 20]

Remove last stat

# Pathways to Potential

- Provides centrally located services with a network of supports and community coordinated services to create a positive impact on students and families.
- At the end of the 2014-2015 school year, Pathways was in 22 counties and 219 schools.
- Pathways continues to grow and is now in 247 schools in 31 counties.
- At the end of the 2014-2015 school year, there was a reduction in chronic absenteeism of 37.23% in the 219 Pathways schools.

# Central Grants Management

- Goal: ensure all grant funds are coordinated to meet the Department's mission.
  - Builds upon a process improvement initiative
  - Streamlines Department approvals and internal communication
  - Assists programs in finding new funding sources
  - Acts as a liaison between all areas of the Department to link similar programs together

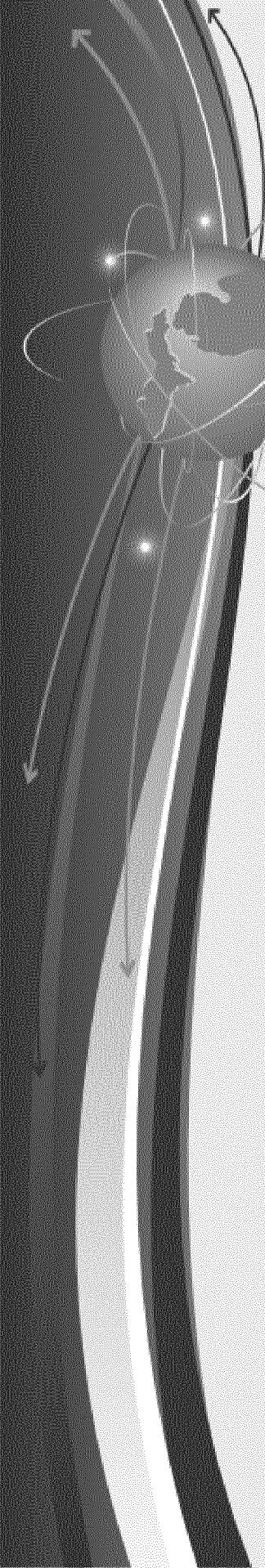
# Michigan Rehabilitation Services

- MRS partners with individuals and employers to achieve employment outcomes and independence for individuals with disabilities.
- Serves applicants seeking employment by providing individual counseling based on individual experience, abilities, functional limitation, and the essential functions of a specific job.
- Services business customers in providing expertise and resources to help locate, match, and accommodate employees with disabilities.

# Michigan Rehabilitation Services

- MRS performance data FY15

Performance Measures	Federal Standards	MRS Performance
Number Employment Outcomes	Michigan Benchmark = 6,695	6,653
Percent Employed	$\geq 55.8\%$	57.9%
Employed Competitively	$\geq 72.6\%$	93.8%
Significantly Disabled	$\geq 62.4\%$	83.5%
Earnings Ratio	$\geq 0.52$	0.6%
Self-Support	$\geq 53.0\%$	70.0%
Minority Ratio	$\geq 0.80$	0.84



## Governor Snyder's FY17 Recommendation

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# MIDHHS 2017 Budget Recommendations (in millions)

(Table to be inserted here by DHHS Budget)

# MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: <http://www.michigan.gov/mdhhs>

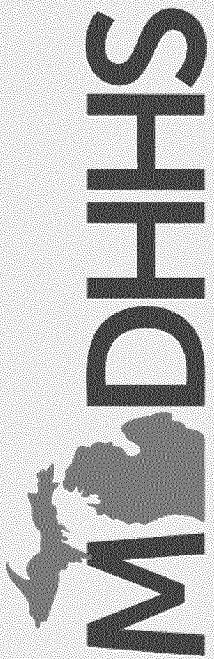
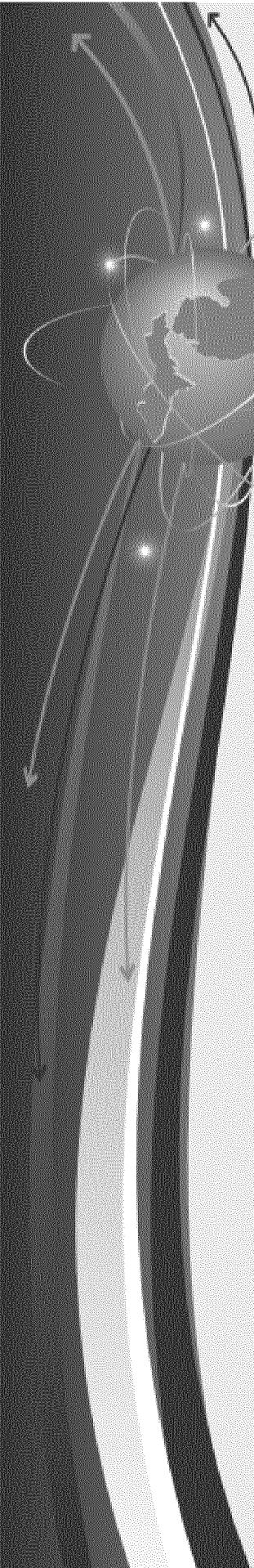
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Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

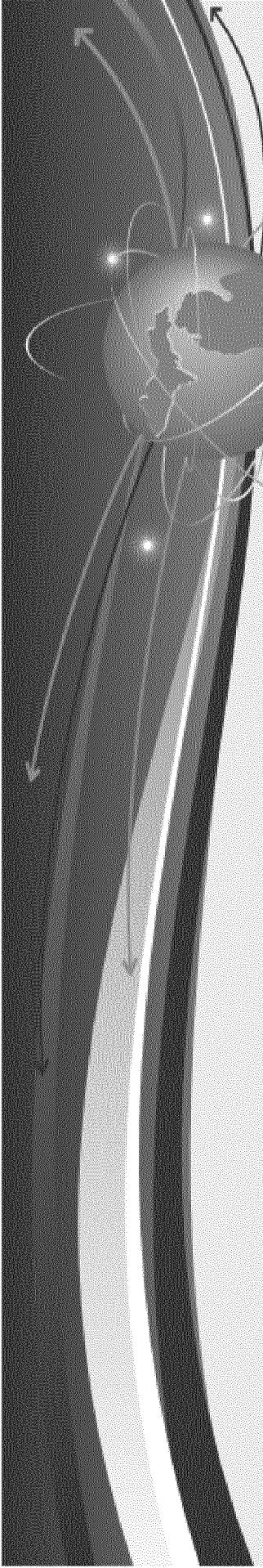
# Children's Services Agency

## Fiscal Year 2017

Presentation to House Appropriations Subcommittee  
on the Department of Health & Human Services

February 23, 2016

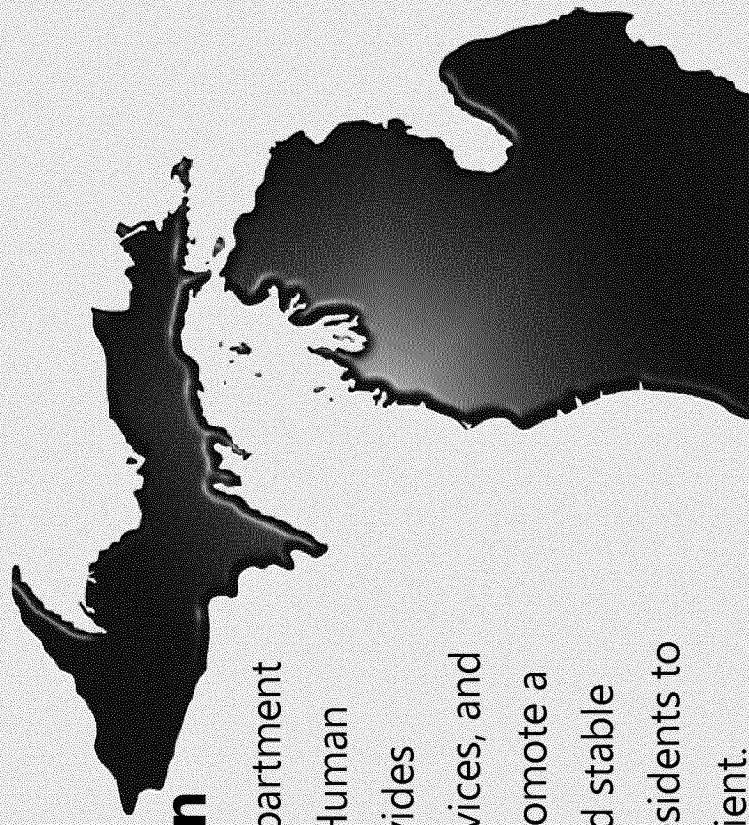
**Steve Yager**, Executive Director, Children's Services Agency  
**Farah A. Hanley**, Senior Deputy Director, Financial Operations Administration



## ***Our Guiding Principles***

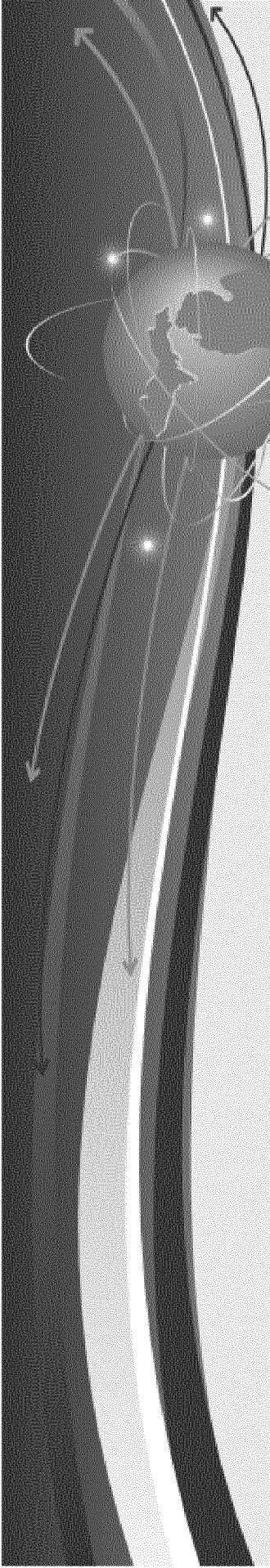
### **Mission**

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.



### **Vision**

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.



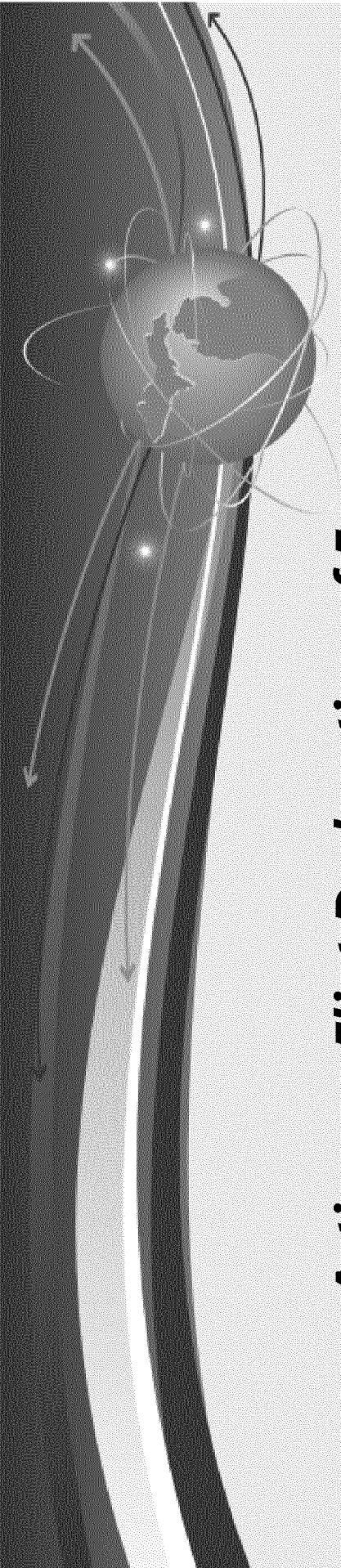
## ***Children's Services Vision and Mission***

### **VISION**

DHHS will lead Michigan in supporting our children, youth, and families to reach their full potential.

### **MISSION**

Child welfare professionals will demonstrate an unwavering commitment to engage and partner with families we serve to ensure safety, permanency and well-being through a trauma-informed approach.

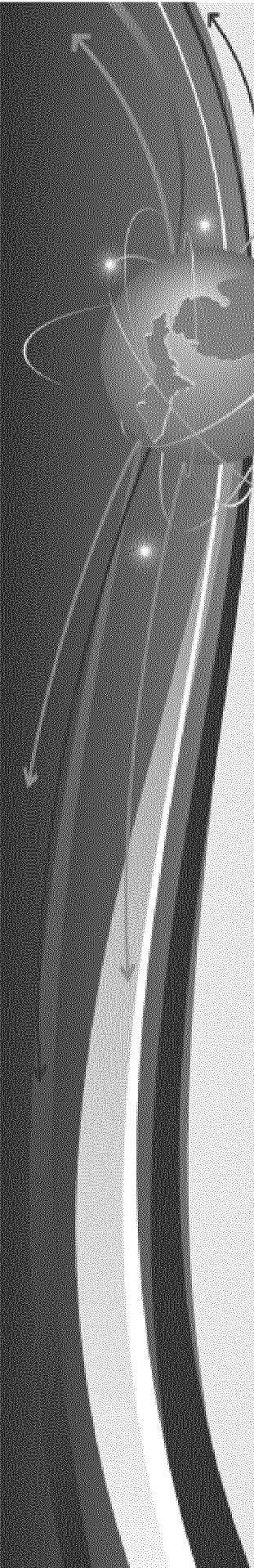


## *Action on Flint Declaration of Emergency*

### **Responsibility – Accountability – Action**

#### **CHILDREN'S SERVICES:**

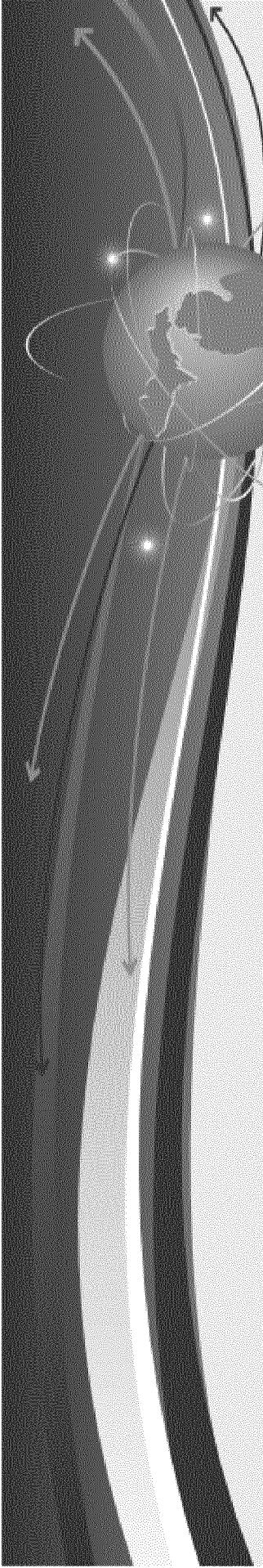
- Contacted each of the 122 impacted foster care providers and verified the use of appropriate filter or bottled water.
- Completed an on-site visit to each foster care provider to verify the presence and use of a filter or bottled water and ensure appropriate supplies.
- Water testing was completed for each foster care provider home, licensed and unlicensed, and each facility.
- Issued instructions/communication to all foster care providers regarding expectation for safe water at all times.



## *Action on Flint Declaration of Emergency*

### **Responsibility – Accountability – Action**

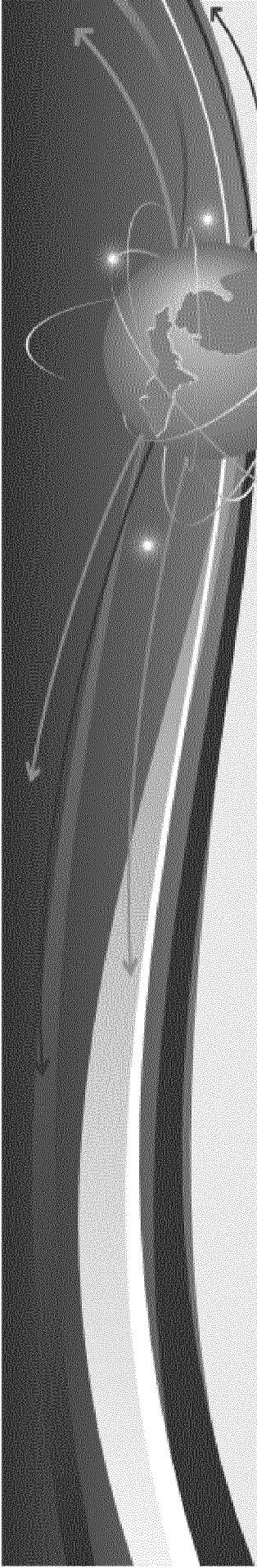
- Initiated blood testing for the 87 children currently in foster care under the age of 6 living in Flint.
- Informing caregivers of the 152 children in foster care age 6 or over, living in Flint to inform the child's physician of the child's possible lead exposure at their next primary care appointment.
- For children who resided in Flint between 4/2014-1/2016
  - Initiated blood testing for children in foster care under the age of 6.
  - Informing caregivers of children in foster care age 6 or over, to inform the child's physician of the child's possible lead exposure at their next primary care appointment.



## *Action on Flint Declaration of Emergency*

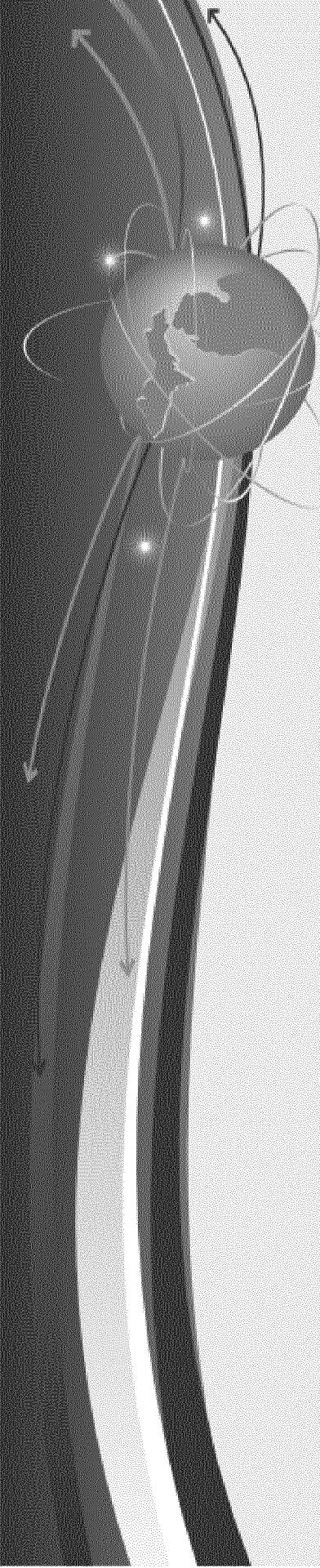
### **Responsibility – Accountability – Action**

- Notifications currently being sent to caregivers of the children who were placed in Flint and are no longer under MDHHS care and supervision.
- Children's Protective Services workers will ensure safe water in all homes encountered as a function of investigation or ongoing service cases.
- Dedicated 4 existing full time employees to Genesee County for tracking and monitoring.
- Obtained approval from the federal government to utilize IV-E funding for maintenance costs for water filters.



## ***Children's Services Agency***

- Oversees all child welfare services for children and their families.
- Employs approximately 3,861 staff including 3,186 field staff and 675 Central office staff.
- Oversees approximately 1,016 Private Agency foster care staff and 315 supervisors who are contracted to provide foster care, licensing and adoption services.



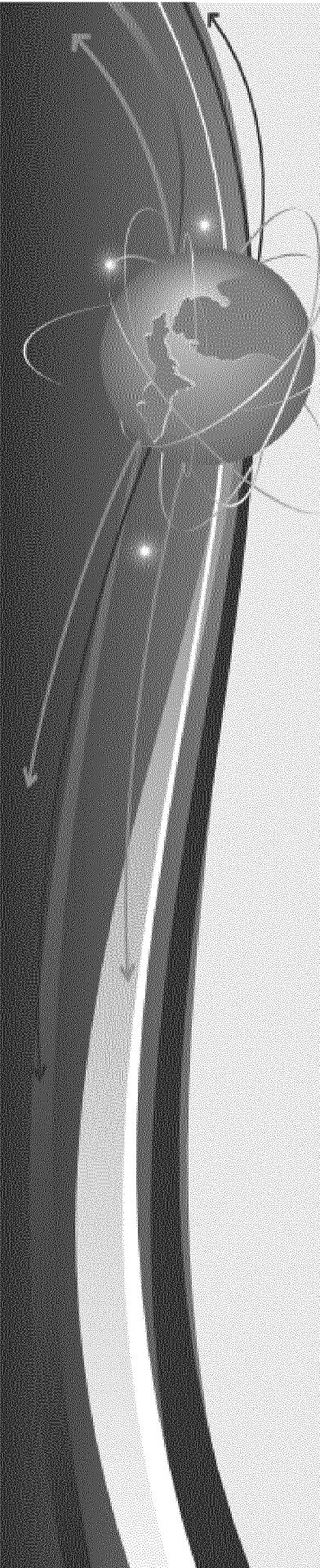
## ***Children's Protective Services***

Investigates all allegations of suspected child abuse or neglect by a parent, legal guardian or any other person responsible for the child's health or welfare, and provides services to prevent removal from the parental home.

- Complaints received: 157,417
- Complaints investigated: 92,729 (59% of complaints received)
- Substantiated complaints: 23,813 - Category I and II (26% of assigned investigations, 15% of all complaints received)
- Number of children removed from parent: 5,810

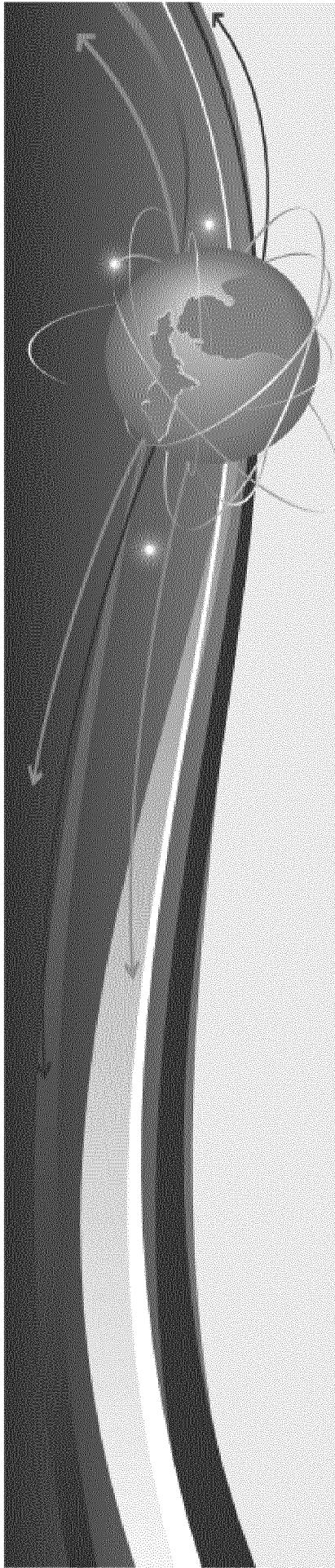
## Foster Care

- Delivered by MDHHS and private agency foster care staff.
- Provides placement and supervision of children who have been removed by the court from their home due to abuse or neglect.
- Is a short-term solution to an emergency situation and permanency planning continues throughout the child's placement in care.
- Ensures the safety, permanence and well being of children through reunification with the birth family, permanent placement with a suitable relative, or a permanent adoptive home.
- Michigan is meeting 4 out of 5 national permanency measures. The only measure not being met is Permanency in 12 months for children entering foster care, however Michigan's re-entry rate is extremely low.



## **Foster Care**

- Works with parents to rectify conditions that led to the child's removal.
- Supervises child in out-of-home placement to ensure well-being & provision of necessary services.
- Monitors parents' progress and compliance with services on a regular basis.
- Reports and makes recommendations to the court every 3 months.
- MDHHS is responsible for supervision of 12,873 children, as of December 31, 2015, down from 18,016 in 2008.
- Administers approximately \$187.8 million in foster care costs.

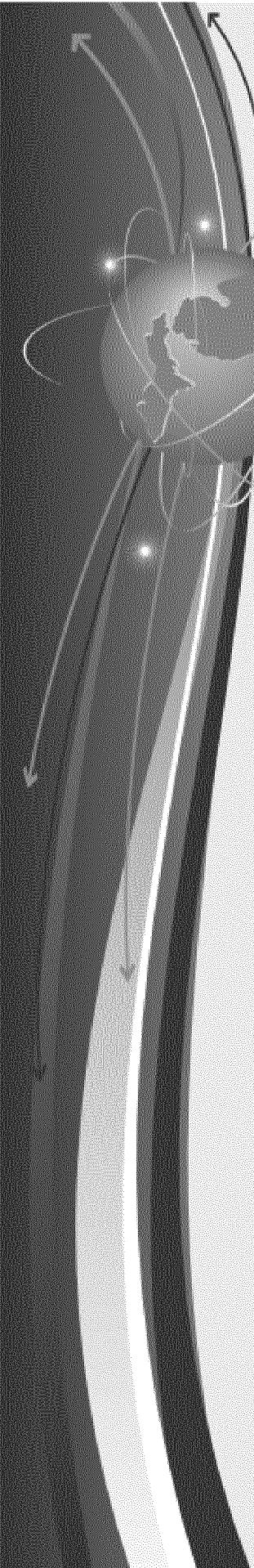


## *Adoption*

Facilitates the adoptive placement of state and permanent court wards.

- 80% of the number of children available for adoption were adopted in 2015.\*
- More than 1,700 children were adopted in 2015.
- Eight Post Adoption Resource Centers provide services statewide.

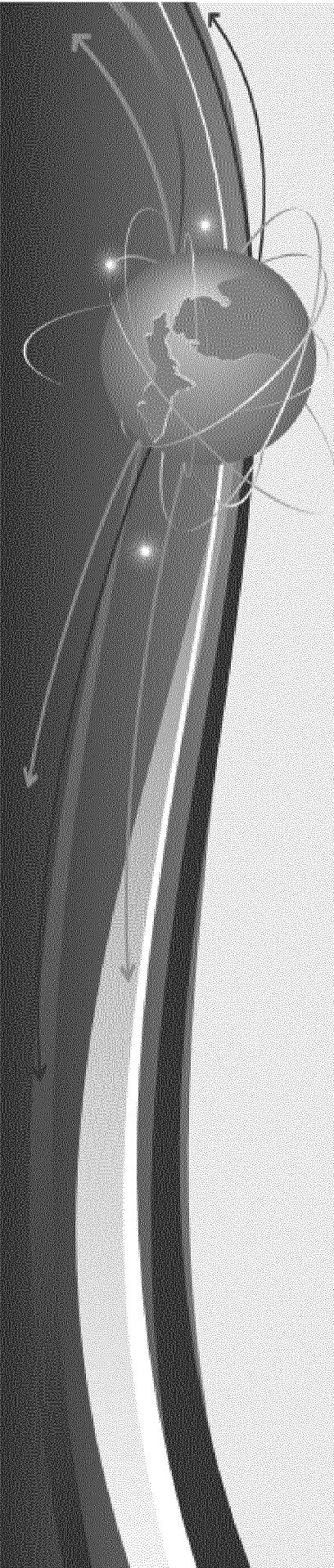
\*Number is estimated because the 2015 number has not yet been finalized.



## *Adoption Assistance*

Provides financial assistance, medical subsidy and non-recurring adoption assistance to families who adopt special needs children from Michigan's child welfare system.

- 90-95% of all adopted youth from foster care are eligible annually.
- Administers approximately \$229 million serving approximately 26,500 children each year.

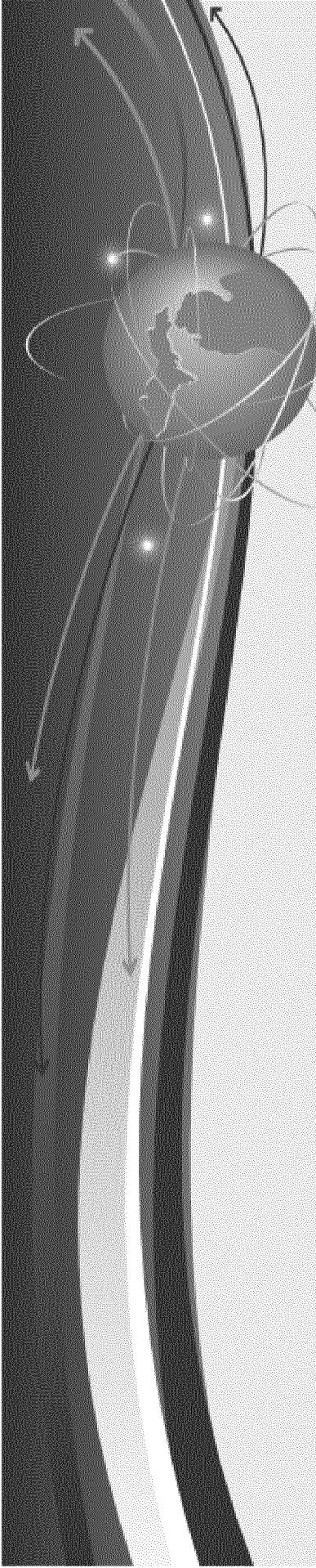


## ***Guardianship Assistance***

Provides financial support to ensure permanency for children who may otherwise remain in foster care until reaching the age of majority.

The transfer of legal responsibility:

- Transitions the child out of the child welfare system.
- Allows a caregiver to make important decisions on the child's behalf.
- Establishes a permanent caregiver for the child.
- Addresses financial needs through ongoing assistance payments.
- Administers approximately \$9.2 million in foster care costs.



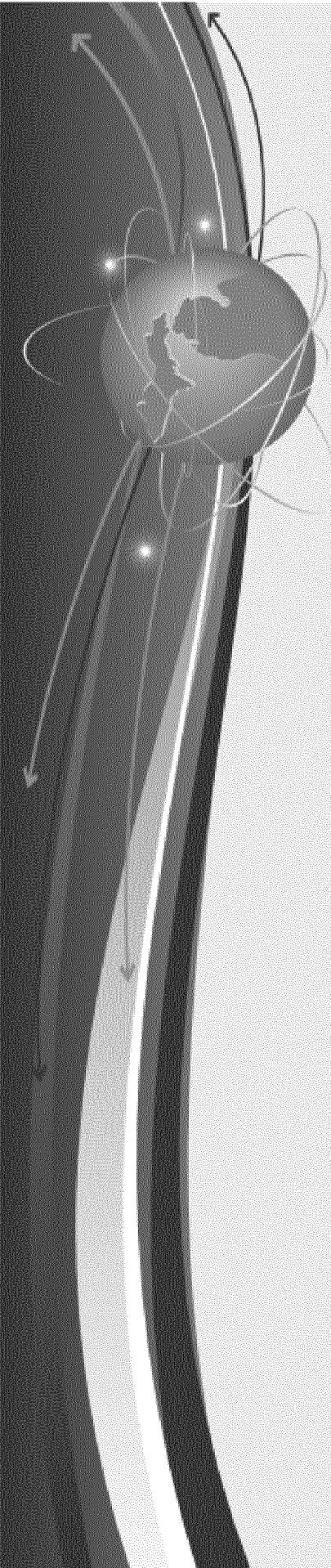
## ***Child Welfare Licensing***

Protects vulnerable children by regulating and consulting with licensees.

The Child Welfare Licensing division regulates, monitors contracts, and licenses the following:

- Child Caring Residential Institutions
- Child Placing Agencies
- Children's Foster Homes
- Court Operated Facilities

The Child Welfare Licensing Division regulates 6,838 facilities.



## ***Juvenile Justice***

Provides community based programs and supervision for juvenile justice youth referred or committed to MDHHS.

Youth placed in state-operated and private residential facilities are also provided assessments and services.

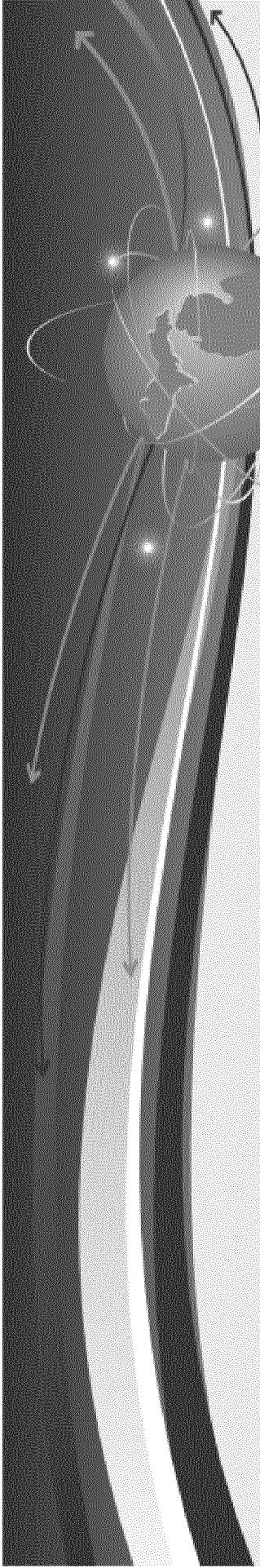
Technical assistance, consultation, assessment services and training for community-based and residential juvenile justice programs.

MDHHS operates 2 juvenile justice facilities: Bay Pines and Shawano (capacity of 40 beds for each program).

## ***Juvenile Justice***

Ensuring a Juvenile Justice System that works for Michigan's children

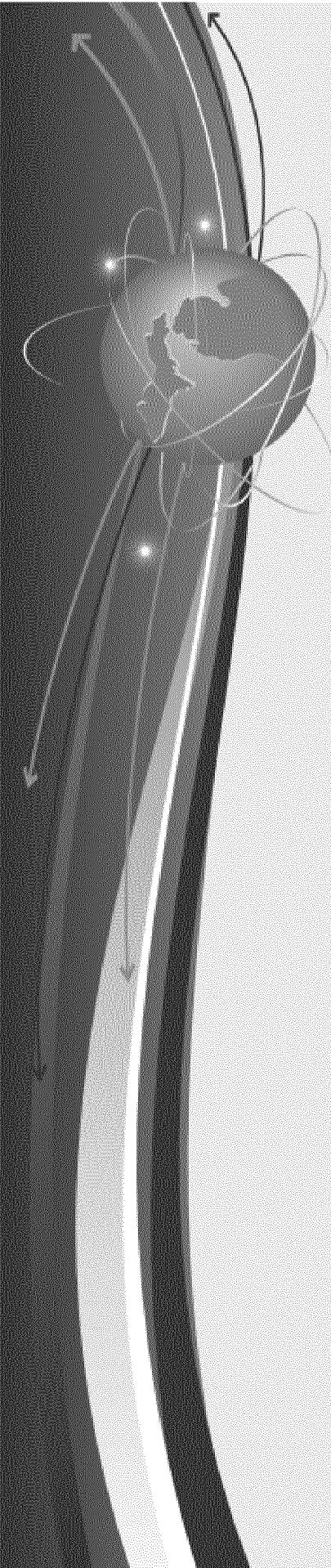
- Properly assess the risks and needs of juvenile offenders to ensure the right type and amount of treatment.
- Develop a network of community-based and in-home programs using evidenced-based outcomes.
- Ensure the most appropriate placement for youth.
- Improve tracking outcomes in the juvenile justice system:
  - Development of quality metrics in all future juvenile justice provider contracts.
  - Metrics include: recidivism; placements; length of stay; and costs.



*Juvenile Justice*

Statewide Juvenile Justice Data

- MDHHS is committed to partnering with necessary entities in the development of statewide Juvenile Justice data collection, sharing and analysis.
  - Developmental efforts to date:
    - Implementation of the University of Michigan's School of Social Work Child and Adolescent Data Lab.
    - Implementation of MiSACWIS for Juvenile Justice.
    - Statewide Juvenile Justice data collaboration including representative Court Administrators; the State Court Administrators Office; Department of Technology, Management and Budget, and vendors working with Juvenile Justice Vision 20/20.



## ***Children's Trust Fund***

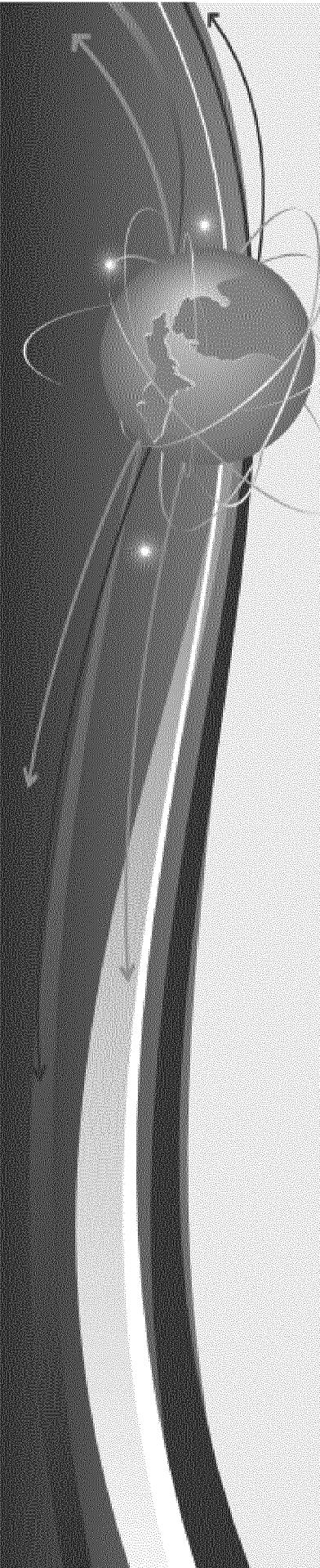
Children's Trust Fund is also known as the State Child Abuse and Neglect Prevention Board.

- An independent, autonomous nonprofit organization created by Public Act 250 of 1982.
- Serves as Michigan's only source of permanent funding for the statewide prevention of child abuse and neglect.
- The purpose is to prevent child abuse and raise awareness of prevention through community-based programs.
- Dispersed \$1.7 million in 2015 to support 21 child abuse prevention grants and 73 local Child Abuse Prevention Councils.

## ***Family Support Subsidy***

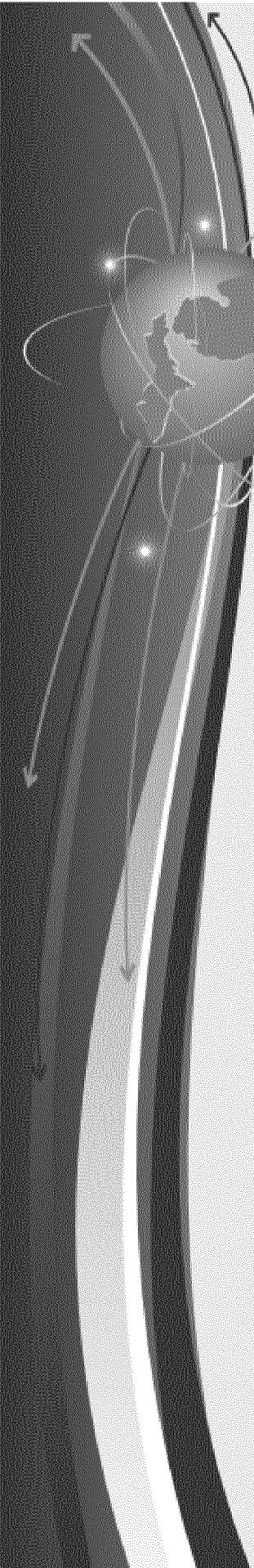
Provides a monthly subsidy to families that include children with severe developmental disabilities.

- The subsidy helps keep families together and reduce the demand for state-provided out-of-home services.
- In FY14, the program served 6,695 children. Only 18 children (0.3 percent) were placed out of home during FY14.



## ***Children's Behavioral Action Team***

- Responsible for overseeing development of collaborative transition plans to support 50 extremely complex children/youth to be discharged from Hawthorn Center to return home to their families.
- The target population includes children/youth with serious emotional disturbance, ages 5 to 18 currently residing in Hawthorn Center.
- Of the 18 youth discharged from the program as of 12/31/2015, 75% have remained completely out of psychiatric inpatient care.
- The number of days a child/youth spent in any psychiatric hospital post discharge from Hawthorn has been reduced by 65-70%.



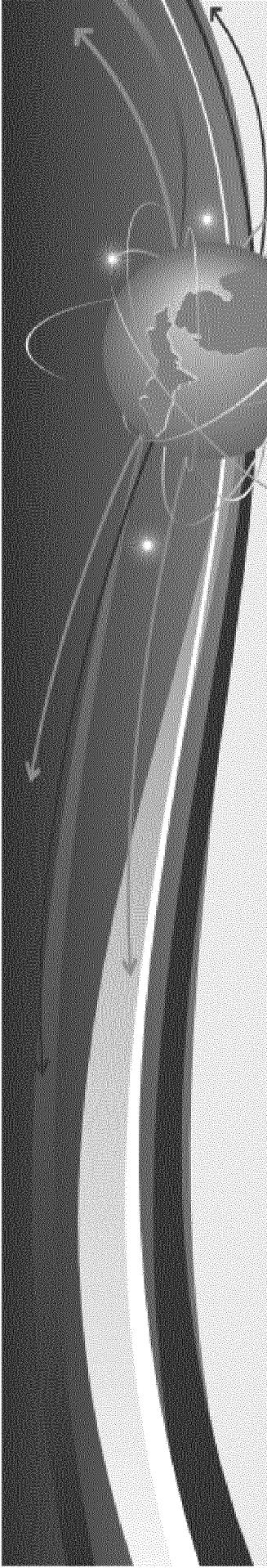
## MiSACWIS

### Planned 2016:

- Financials Recoupment and Reconciliation
- Financials Chargeback and Adjustments
- MiCSES (Child Support) Interface
- Child Welfare Licensing Integration
- Field enhancement requests
- Initiate Centralized Intake Web Portal Data Warehouse reporting

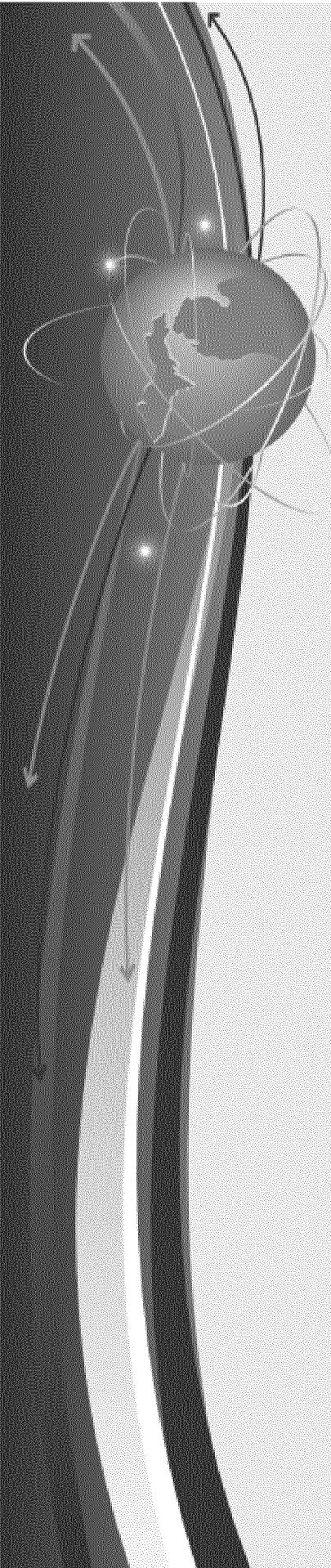
### Planned 2017:

- Increase the effectiveness of safety plans
- Increase the performance of the Centralized Intake Hotline
- Provide more efficient tools for permanency planning
- Further prevent families needing long term assistance from child welfare
- Utilize the Integrated Service Delivery Portal



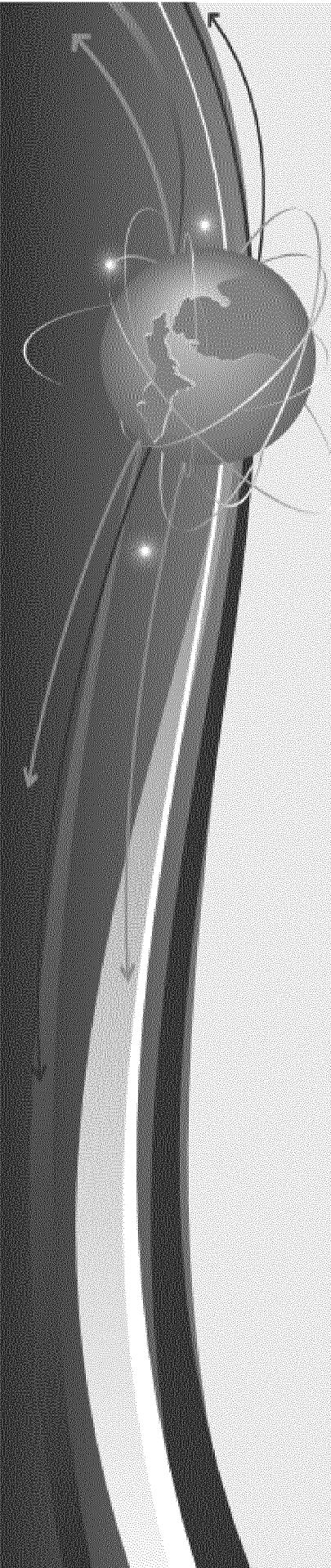
## **County Child Care Fund**

- Provides financial reimbursement to counties for community-based programming and placement costs for youth in child welfare or juvenile justice programs.
- In-Home Care programs are innovative and creative community-based programs that are developed locally as an alternative to out-of-home placement.
- Each FY the county/tribe must submit an annual plan and budget for approval prior to reimbursement of CCF-related expenses.



## ***Juvenile Justice Funding***

- County supervised and county administered.
- For Juvenile Justice Cases, the County Child Care Fund pays 100% cost of care and the state reimburses 50% of eligible expenses.
- Only what is outlined in the County/Tribe's approved annual budget can be reimbursed.
- Counties/Tribes may amend their budgets throughout the year if they deem additional funding is needed.



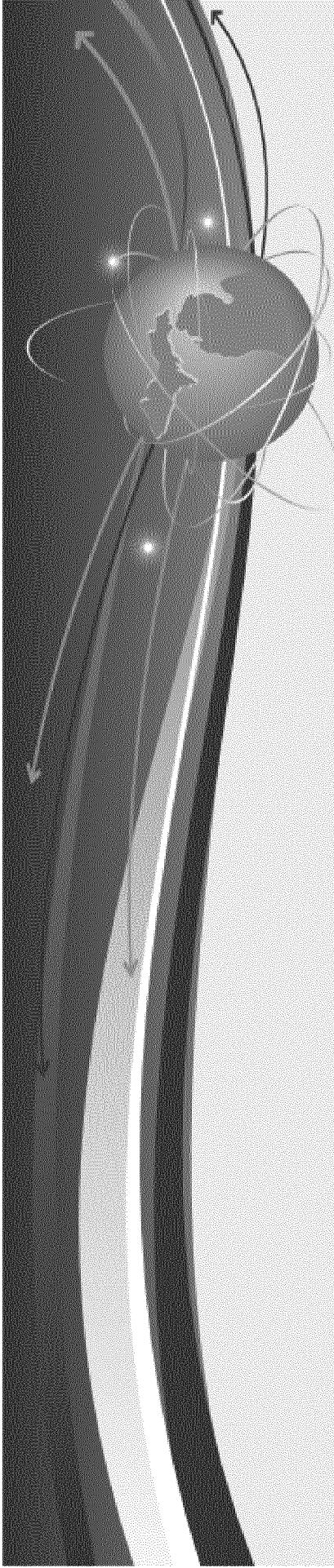
## **Child Welfare Funding**

- State supervised and state administered.
- For County Child Care Funded child welfare cases, the county pays 100% of the cost of care and bills the state for 50%. The counties are currently held harmless for the private agency administrative rate.
- For Title IV-E funded child welfare cases, the federal government reimburses the state for 50-65% of the cost of care and the state pays the required matching funds.
- For State Ward Board and Care funded child welfare, the state pays 100% of cost of care and the counties reimburse 50%. The private agency administrative rate is paid 100% by the state.



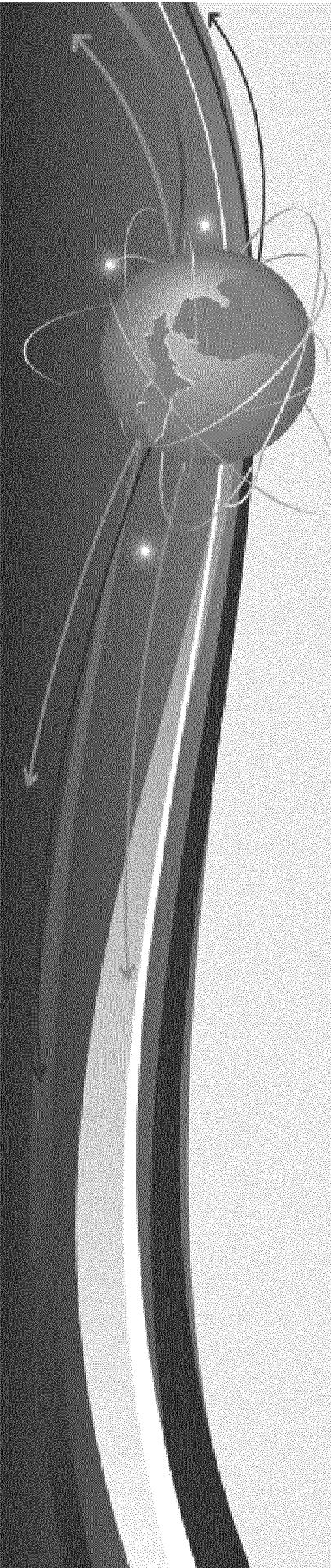
## ***Foster Care and Adoption Payments***

- Currently, no major, technical barriers causing delays in payments in MiSACWIS.
- MDHHS advanced money to several agencies in 2014 to assist with expediting payments due to conversion issues from SWSS to MiSACWIS. 78% of the advances to agencies have been returned to the state.
- Many staff still learning the multi-stage process for payments.
- Began offering specific placement/payment trainings for public and private agency staff.
- Building capacity to conduct regular foster care payment reconciliation functionality.



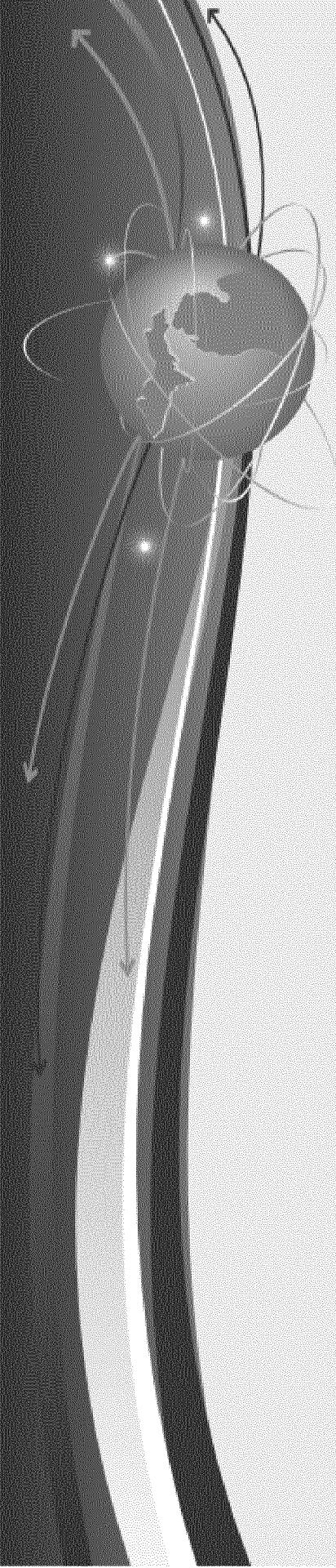
## Kent County Performance Based Funding Pilot

- Near completion of development of a data-driven draft Kent County case rate and payment methodologies.
- Collaboration to establish 501c status, West Michigan Partnership for Children.
- Licensure to become a Child Placing Agency is in process.
- Executed contracts for a project manager, actuary and evaluators.
- Established a dedicated, full time position within Children's Services.
- Aggressively working towards a July 1, 2016 begin date pending resolution of dependencies.
- Working to incorporate MiSACWIS data into Mindshare to provide the West Michigan Partnership for Children data analytics.



## ***Federal Consent Decree***

- On February 2, 2016, a federal court hearing took place in which MDHHS entered into a new agreement with plaintiffs.
- The new agreement is titled the Implementation, Sustainability and Exit Plan which replaces the Modified Settlement Agreement.
- The new agreement permits rolling exit of individual items which sets the state on a path toward exiting federal court oversight which will decrease spending on oversight.
- Reduction from 238 monitored requirements to 71 monitored requirements.



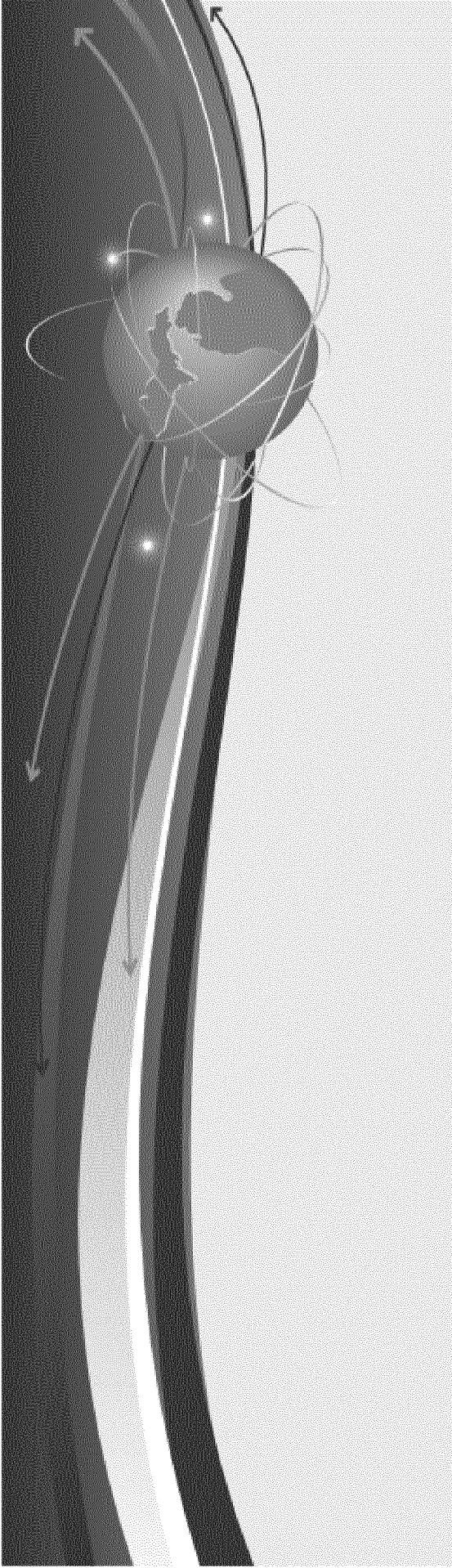
## ***Federal Consent Decree***

Key metrics include:

- Safety: Maltreatment in Care, Recurrence and CPS
- Health: Medicals, Dentals and Informed Consents
- Placements
- Caseloads

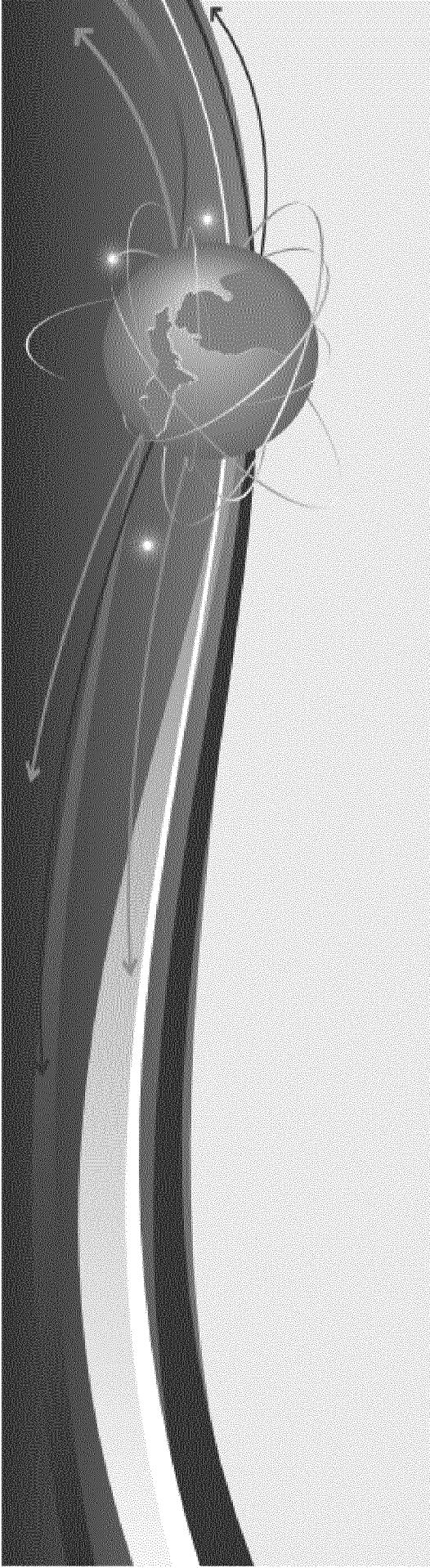
Key initiatives to address the 71 monitored requirements:

- Further enhancement of the Book of Business
- Development of 65 data reports to monitor progress
- Interface with Care Connect 360
- Policy changed requiring all relatives to be licensed



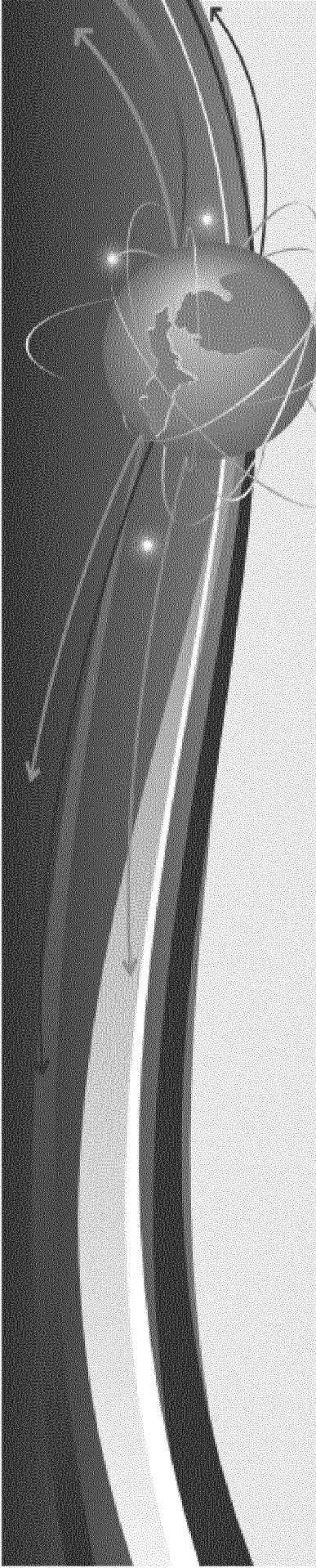
## *Challenges*

- Incidents of maltreatment in care has continued to decline; however, further reduction remains a priority. MDHHS is committed to ensuring safe placements for all children in foster care.
- MDHHS is continuing work to gather statewide Juvenile Justice data.
- Increased social work visits and timely medicals and dentals.

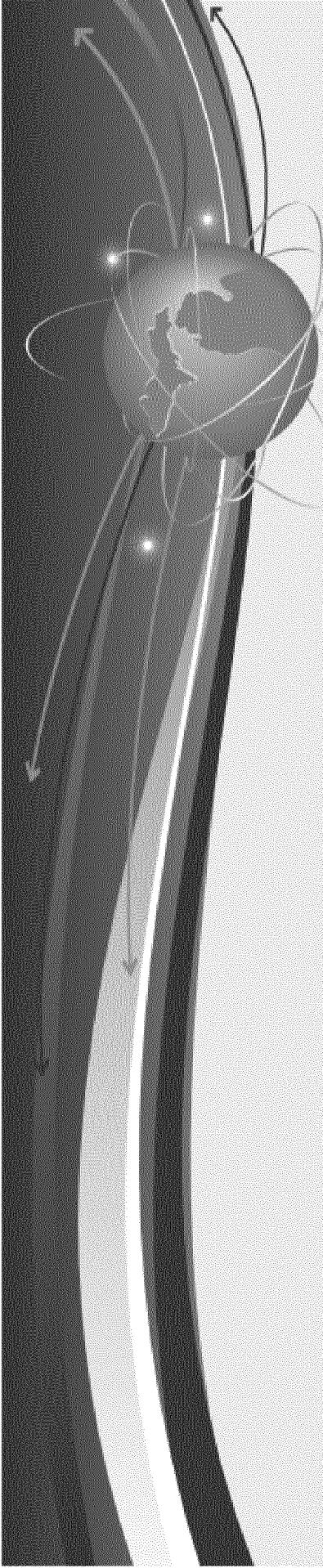


## **Successes**

- Renegotiated the Modified Settlement Agreement which has significantly reduced the number of monitored requirements.
- Successful roll-out of Juvenile Justice and County Child Care Fund functions in MiSACWIS.
- MDHHS has met ongoing training requirements for all child welfare workers.
- Implemented the Foster Parent Bill of Rights and the Foster Child Bill of Rights.

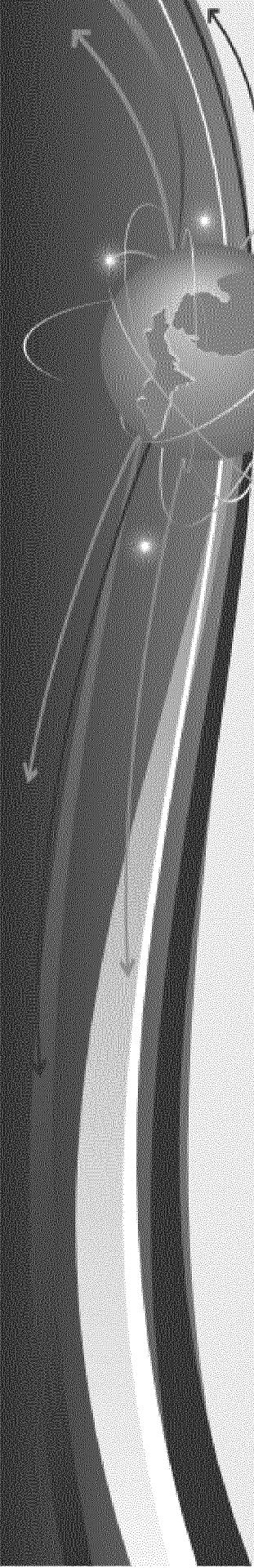


## *Governor Snyder's FY17 Recommendation*



## *Budget Recommendation*

	<b>Gross</b>	<b>GF/GP</b>
Children's Services – Child Welfare	\$1,131.0	\$443.9
Children's Services – Juvenile Justice	\$23.9	\$10.0
<b>Total</b>	<b>\$1,154.8</b>	<b>\$443.9</b>
One-Time Funding	\$10.0	\$0.0



## *Investments* **Provide Support to Youth and Families**

### **Family Preservation and Support Services Expansion**

- Three-year pilot to expand Parent Partner and Family Reunification programs to additional counties.
- Services prevent the need for foster care, shorten the length of time between foster care entry and reunification, and sustain parental progress following reunification.
- \$10.0 M one-time investment is entirely funded with federal TANF revenues.

**Original PFC**

Proposal Title: Expand family preservation and support services to prevent the need for foster care, shorten the length of time between foster care entry and reunification, and sustain parental progress following reunification.

**Proposal Explanation:**

**Expansion of family preservation and support services:**

(1) Expand Parent Partner Program to 10 additional counties through issuance of eight additional contracts. Currently, the Parent Partner Program has 3 contractors providing services in Wayne County.

(2) Expand Family Reunification Program (FRP) to counties in Northern Michigan – providing statewide coverage. Six additional contractors are needed to provide services to 42 Northern counties. Currently, there are 19 FRP contractors providing services in 41 counties. Michigan must continue to reduce the number of children placed in foster care, keep more children with their families, and support parents to safely care for their children. This proposal will achieve those goals by:

- A. Reducing the average length of stay in care for children served by seven months, thereby decreasing the cost of providing foster care services to children and families.
- B. Increasing the availability of services designed specifically to facilitate and maintain family reunification.
- C. Reducing the number of children who return to care due to a lack of intervention and resources.
- D. Utilizing the expertise of parents as mentors, thereby decreasing their dependence on public assistance. This service enhancement proposal addresses the following MDHHS Strategic Priorities:

- o Supports the integration of service delivery among programs across the department.
- o Encourages preventive services.
- o Prevents individuals from needing long term assistance and supporting those that promote self-sufficiency.
- o Reduces reliance on public assistance for individuals and families.

**Parent Partner Program:**

The Parent Partner Program is an in-home approach to parent mentoring by employing former foster care service recipients who have achieved reunification and maintained their children in their care. These parents provide in home support, mentoring and concrete services to referred parents who are working toward reunification for their families. The service is designed to assist the family with achieving reunification within six months of the referral to the program. As staffed, the program creates full-time employment for the Parent Partner and decreases dependence on public assistance. The cost effectiveness of the service is evidenced by the intervention costs being lower than continued out of home placement. Once a plan is established for reunification of the child(ren), the birth family may receive Family Reunification Program services.

**Family Reunification Program:**

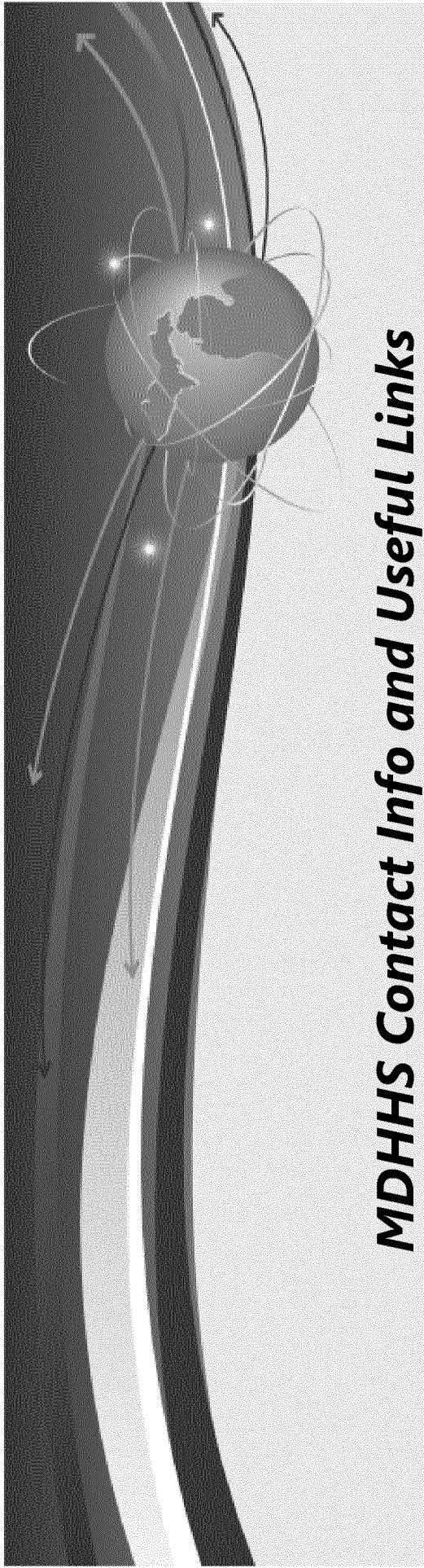
Family Reunification Program (FRP) services are available to those families who have a child residing in out-of-home placement due to abuse or neglect who may be returned home with intensive services within 30 days of the FRP referral. Out-of-home placement includes, but is not limited to residential treatment, family foster care, group family foster care, relative placement, psychiatric hospitalization, and detention (if dual wardship). FRP seeks to increase permanency by facilitating early return home from foster care and decreasing subsequent returns to foster care in abuse and neglect cases. FRP currently is not available in all counties, but where it is available, a referral is mandatory (as contract capacity permits) for all abuse and neglect foster care cases where the goal is to return the child home.

**Population Demographic Impacted:**

**Estimate of Number Impacted:** 980 families and approximately 1960 children will receive services to decrease their time in the foster care system and facilitate safe and stable reunification.

**Proposal Justification:**

Currently, the average length of stay for children in foster care prior to reunification is 13 months (although approximately 60% of placements are less than 12 months). The main focus of this proposal is reducing time in care for children and enhancing parental awareness and resilience in a manner that will contribute significantly to our long-term success in maintaining families safely intact. Parent Partner Program: The average service cost per family is approximately \$3,750. This is the cost of a



## ***MDHHS Contact Info and Useful Links***

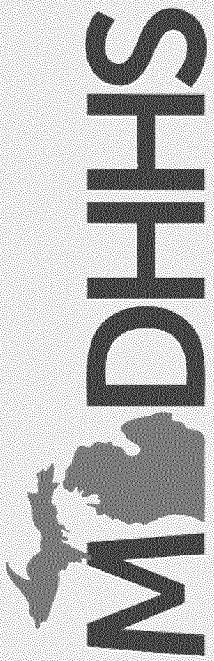
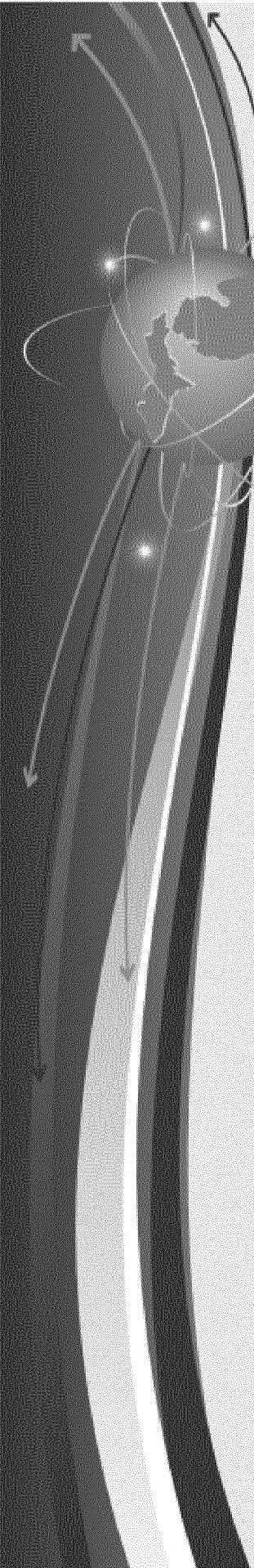
Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: <http://www.michigan.gov/mdhhs>

Legislative Service Bureau:

[http://www.legislature.mi.gov/\(S\(n4rbq4jwj2dfwz1qybtu01cu\)\)/mileg.aspx?page=home](http://www.legislature.mi.gov/(S(n4rbq4jwj2dfwz1qybtu01cu))/mileg.aspx?page=home)



Michigan Department of Health & Human Services

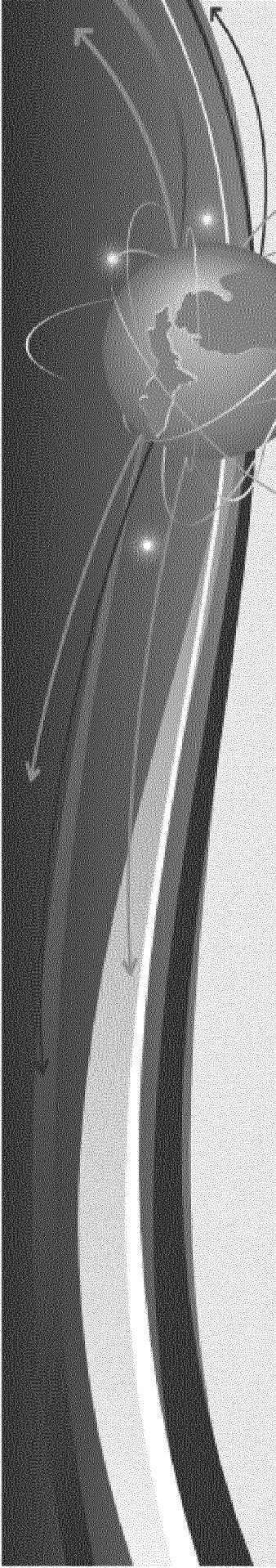
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

# Children's Services Agency Fiscal Year 2017

Presentation to House Appropriations Subcommittee  
on the Department of Health & Human Services

February 23, 2016

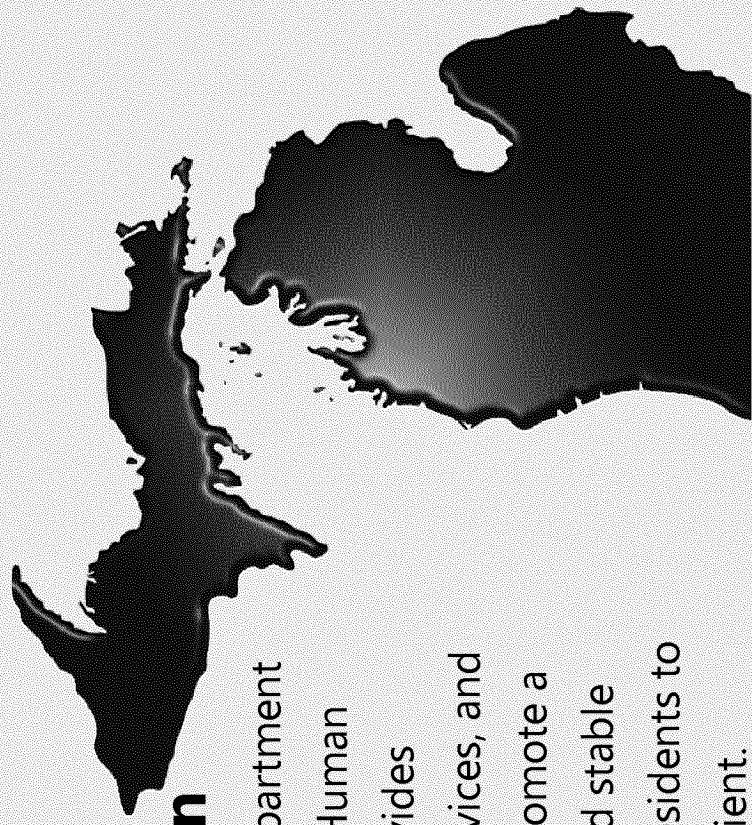
**Steve Yager**, Executive Director, Children's Services Agency  
**Farah A. Hanley**, Senior Deputy Director, Financial Operations Administration



## **Our Guiding Principles**

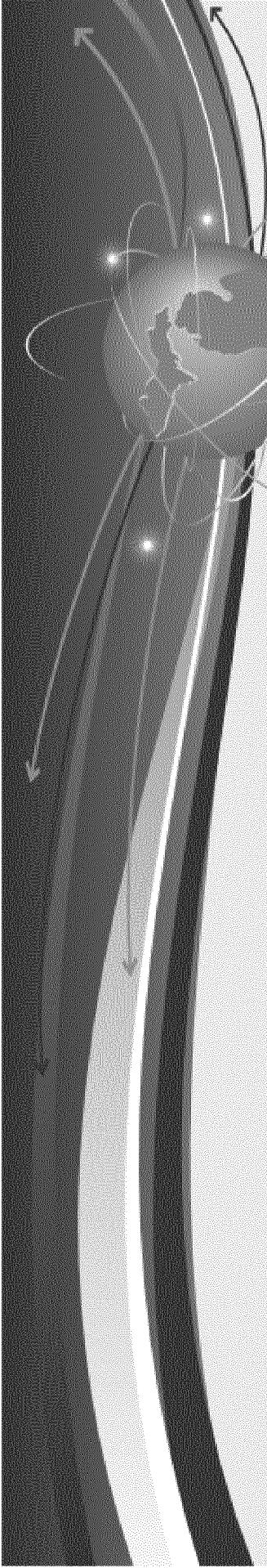
### **Mission**

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.



### **Vision**

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.



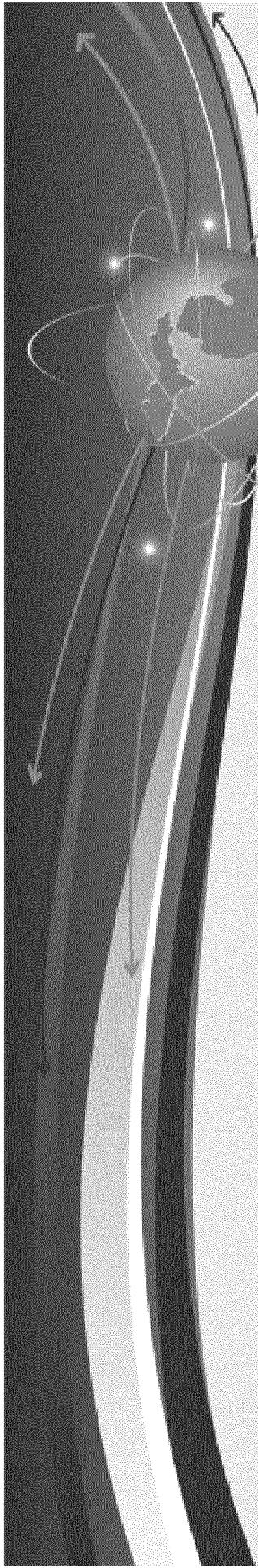
## ***Children's Services Vision and Mission***

### **VISION**

DHHS will lead Michigan in supporting our children, youth, and families to reach their full potential.

### **MISSION**

Child welfare professionals will demonstrate an unwavering commitment to engage and partner with families we serve to ensure safety, permanency and well-being through a trauma-informed approach.

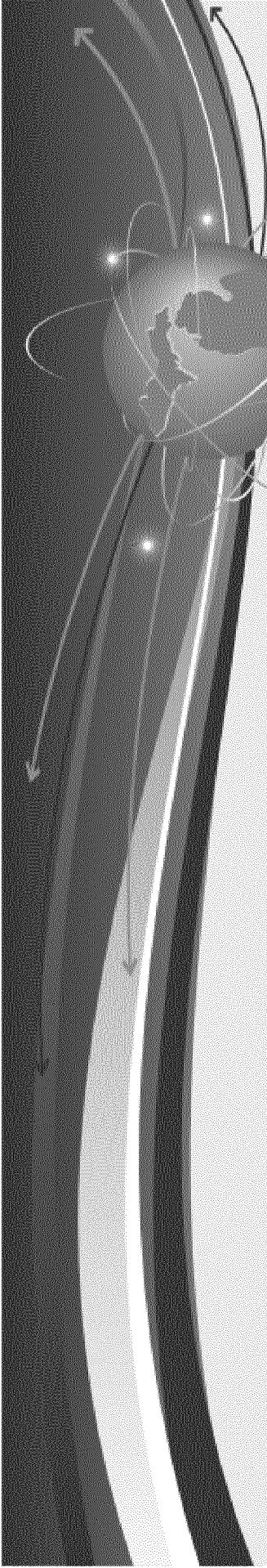


## *Action on Flint Declaration of Emergency*

### **Responsibility – Accountability – Action**

#### **CHILDREN'S SERVICES:**

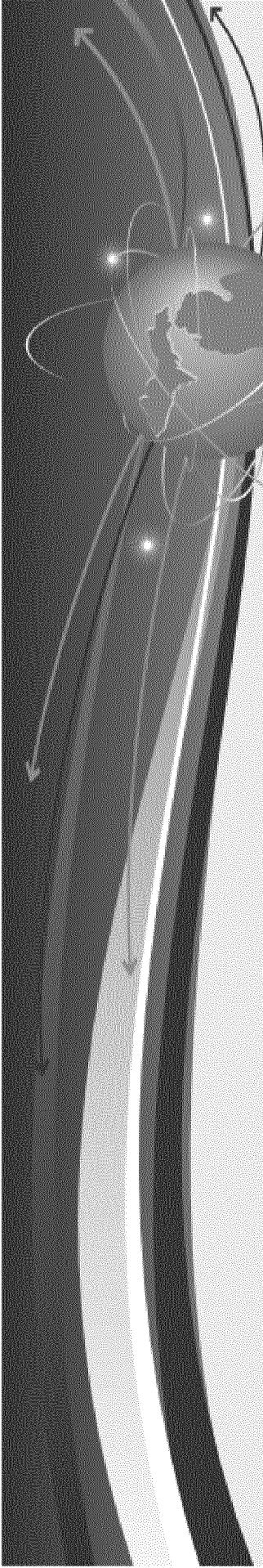
- Contacted each of the 122 impacted foster care providers and verified the use of appropriate filter or bottled water.
- Completed an on-site visit to each foster care provider to verify the presence and use of a filter or bottled water and ensure appropriate supplies.
- Water testing was completed for each foster care provider home, licensed and unlicensed, and each facility.
- Issued instructions/communication to all foster care providers regarding expectation for safe water at all times.



## *Action on Flint Declaration of Emergency*

### **Responsibility – Accountability – Action**

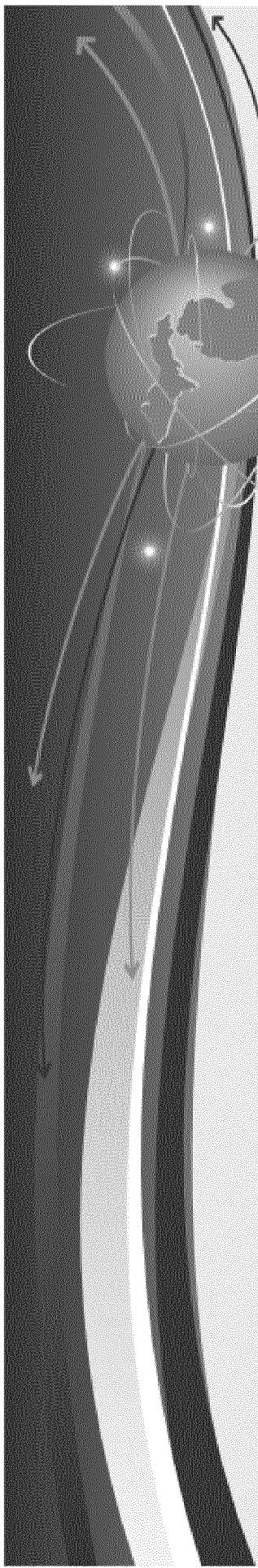
- Initiated blood testing for the 87 children currently in foster care under the age of 6 living in Flint.
- Informing caregivers of the 152 children in foster care age 6 or over, living in Flint to inform the child's physician of the child's possible lead exposure at their next primary care appointment.
- For children who resided in Flint between 4/2014-1/2016
  - Initiated blood testing for children in foster care under the age of 6.
  - Informing caregivers of children in foster care age 6 or over, to inform the child's physician of the child's possible lead exposure at their next primary care appointment.



## *Action on Flint Declaration of Emergency*

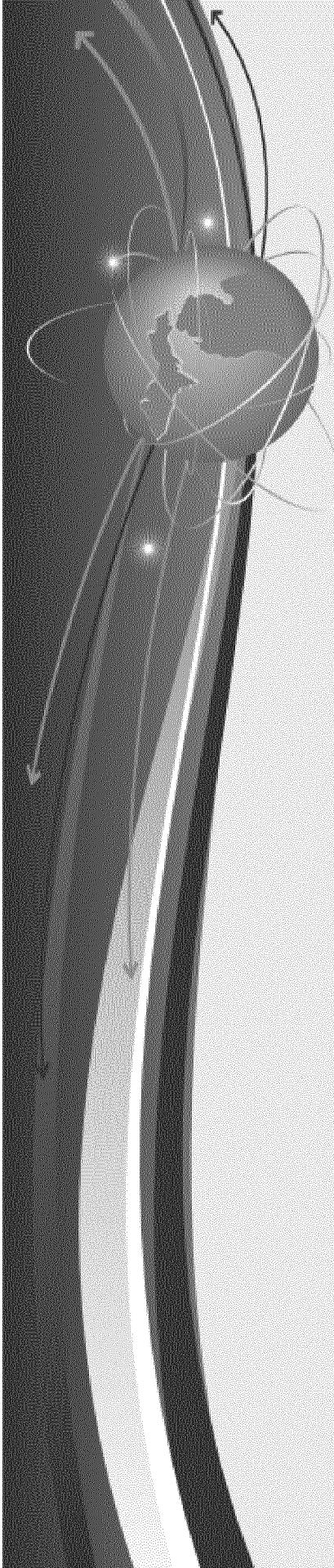
### **Responsibility – Accountability – Action**

- Notifications currently being sent to caregivers of the children who were placed in Flint and are no longer under MDHHS care and supervision.
- Children's Protective Services workers will ensure safe water in all homes encountered as a function of investigation or ongoing service cases.
- Dedicated 4 existing full time employees to Genesee County for tracking and monitoring.
- Obtained approval from the federal government to utilize IV-E funding for maintenance costs for water filters.



## *Children's Services Agency*

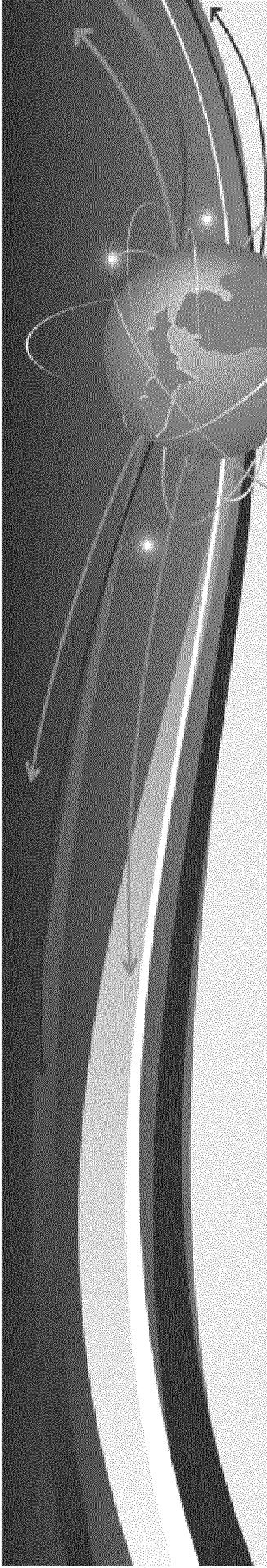
- Oversees all child welfare services for children and their families.
  - Employs approximately 3,861 staff including 3,186 field staff and 675 Central office staff.
  - Oversees approximately 1,016 Private Agency foster care staff and 315 supervisors who are contracted to provide foster care, licensing and adoption services.



## *Children's Protective Services*

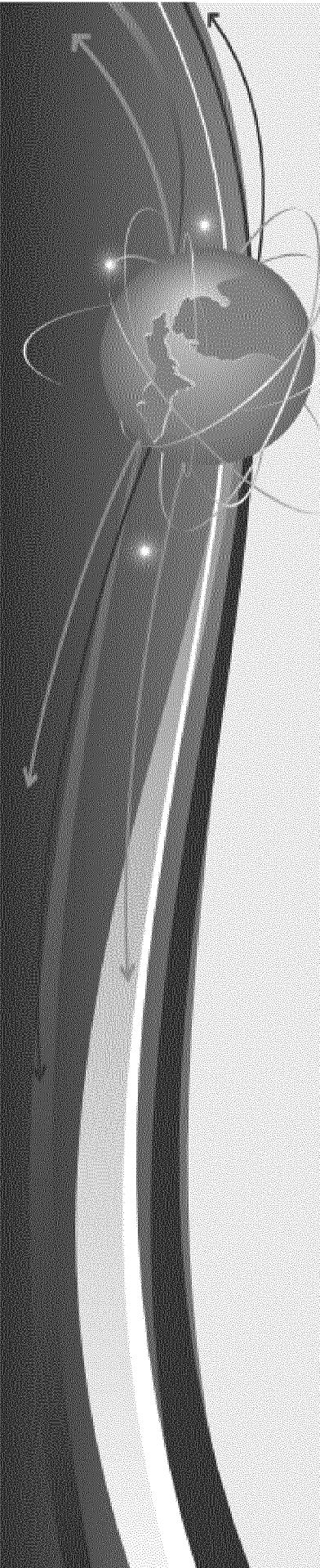
Investigates all allegations of suspected child abuse or neglect by a parent, legal guardian or any other person responsible for the child's health or welfare, and provides services to prevent removal from the parental home.

- Complaints received: 157,417
  - Complaints investigated: 92,729 (59% of complaints received)
  - Substantiated complaints: 23,813 - Category I and II (26% of assigned investigations, 15% of all complaints received)
  - Number of children removed from parent: 5,810



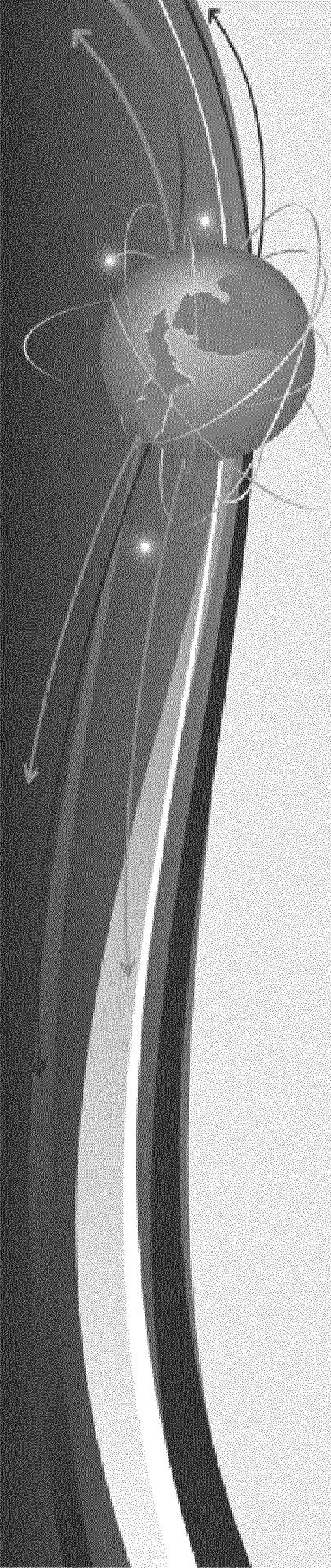
## **Foster Care**

- Delivered by MDHHS and private agency foster care staff.
- Provides placement and supervision of children who have been removed by the court from their home due to abuse or neglect.
- Is a short-term solution to an emergency situation and permanency planning continues throughout the child's placement in care.
- Ensures the safety, permanence and well being of children through reunification with the birth family, permanent placement with a suitable relative, or a permanent adoptive home.
- Michigan is meeting 4 out of 5 national permanency measures. The only measure not being met is Permanency in 12 months for children entering foster care, however Michigan's re-entry rate is extremely low.



## **Foster Care**

- Works with parents to rectify conditions that led to the child's removal.
- Supervises child in out-of-home placement to ensure well-being & provision of necessary services.
- Monitors parents' progress and compliance with services on a regular basis.
- Reports and makes recommendations to the court every 3 months.
- MDHHS is responsible for supervision of 12,873 children, as of December 31, 2015, down from 18,016 in 2008.
- Administers approximately \$187.8 million in foster care costs.

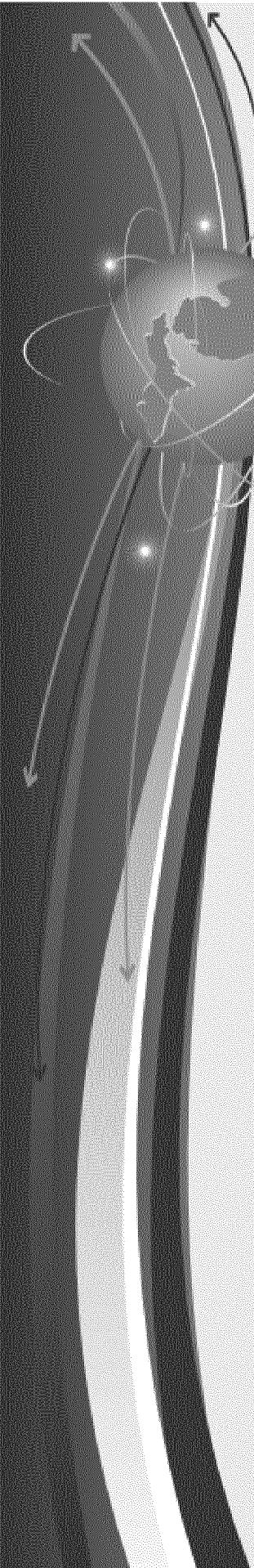


## *Adoption*

Facilitates the adoptive placement of state and permanent court wards.

- 80% of the number of children available for adoption were adopted in 2015.\*
- More than 1,700 children were adopted in 2015.
- Eight Post Adoption Resource Centers provide services statewide.

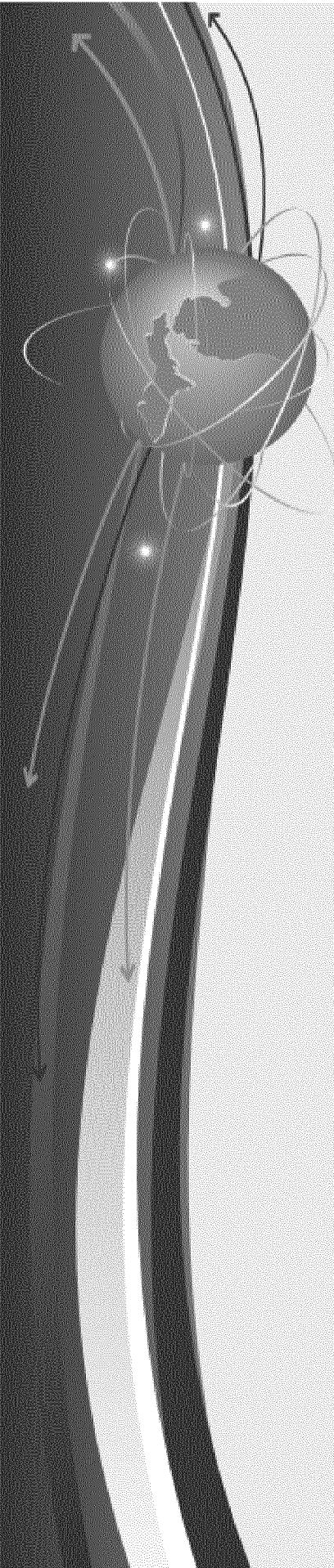
\*Number is estimated because the 2015 number has not yet been finalized.



## *Adoption Assistance*

Provides financial assistance, medical subsidy and non-recurring adoption assistance to families who adopt special needs children from Michigan's child welfare system.

- 90-95% of all adopted youth from foster care are eligible annually.
- Administers approximately \$229 million serving approximately 26,500 children each year.

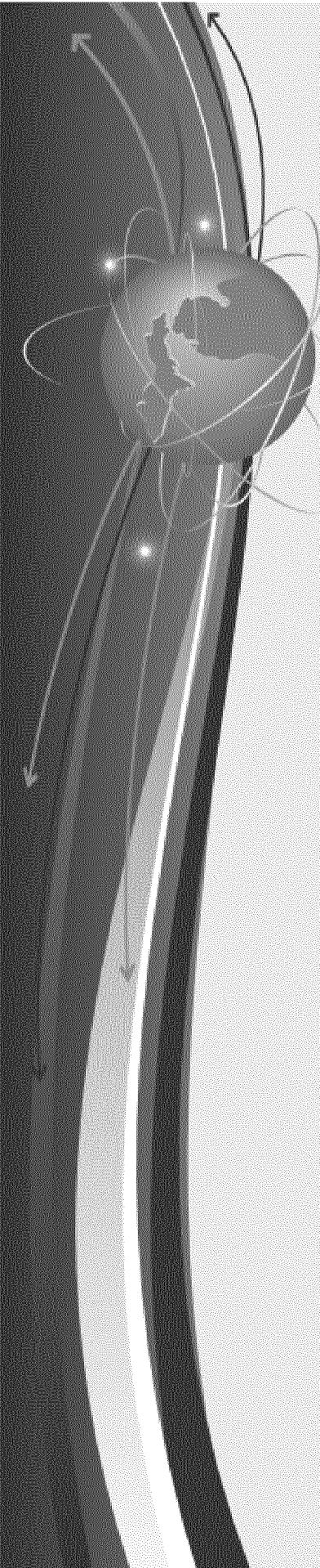


## ***Guardianship Assistance***

Provides financial support to ensure permanency for children who may otherwise remain in foster care until reaching the age of majority.

The transfer of legal responsibility:

- Transitions the child out of the child welfare system.
- Allows a caregiver to make important decisions on the child's behalf.
- Establishes a permanent caregiver for the child.
- Addresses financial needs through ongoing assistance payments.
- Administers approximately \$9.2 million in foster care costs.



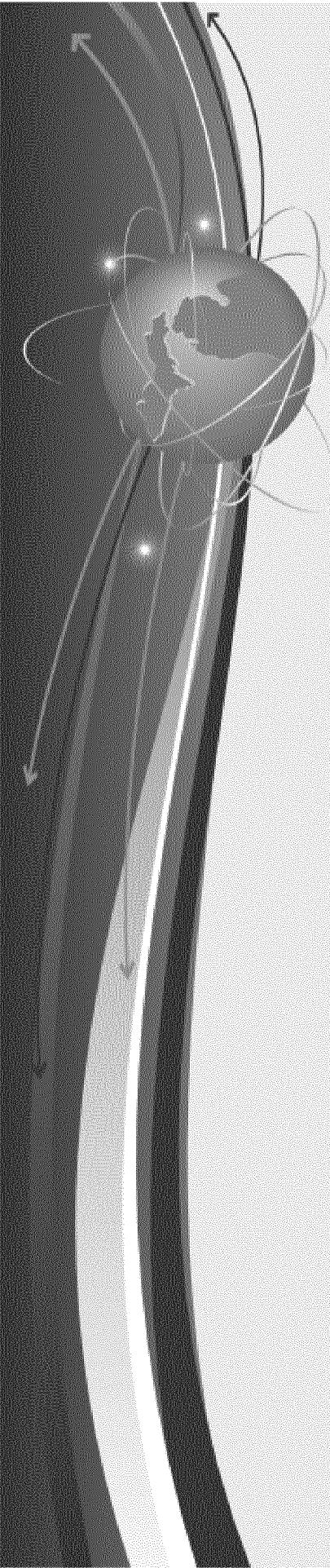
## ***Child Welfare Licensing***

Protects vulnerable children by regulating and consulting with licensees.

The Child Welfare Licensing division regulates, monitors contracts, and licenses the following:

- Child Caring Residential Institutions
- Child Placing Agencies
- Children's Foster Homes
- Court Operated Facilities

The Child Welfare Licensing Division regulates 6,838 facilities.



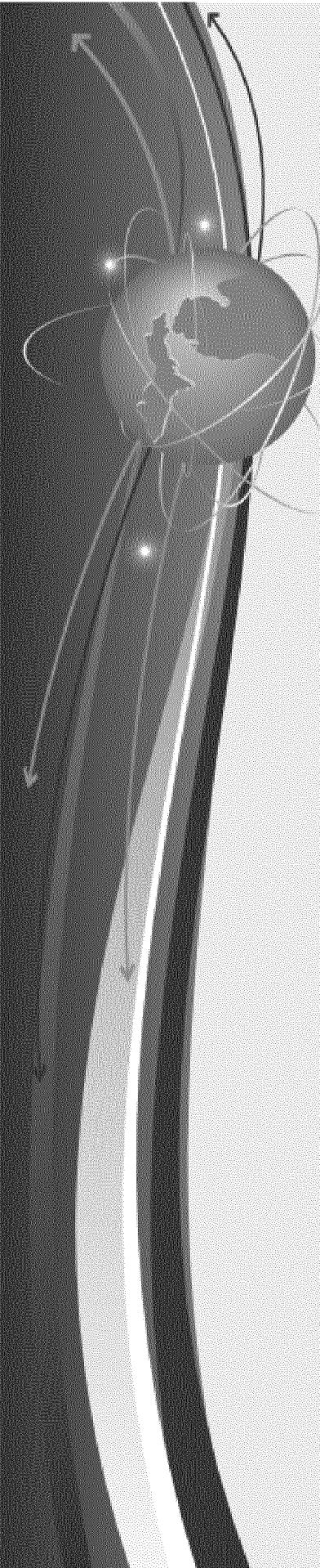
## ***Juvenile Justice***

Provides community based programs and supervision for juvenile justice youth referred or committed to MDHHS.

Youth placed in state-operated and private residential facilities are also provided assessments and services.

Technical assistance, consultation, assessment services and training for community-based and residential juvenile justice programs.

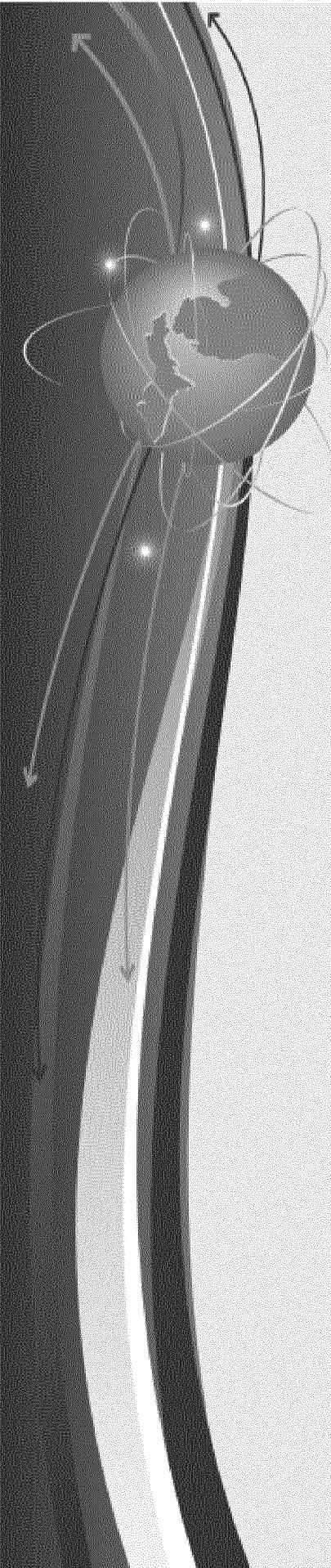
MDHHS operates 2 juvenile justice facilities: Bay Pines and Shawano (capacity of 40 beds for each program).



## ***Juvenile Justice***

Ensuring a Juvenile Justice System that works for Michigan's children

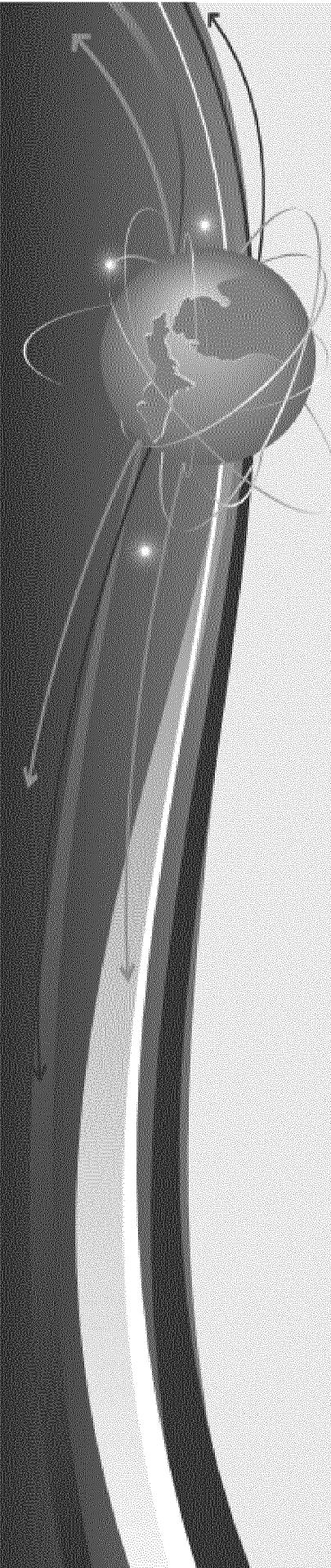
- Properly assess the risks and needs of juvenile offenders to ensure the right type and amount of treatment.
- Develop a network of community-based and in-home programs using evidenced-based outcomes.
- Ensure the most appropriate placement for youth.
- Improve tracking outcomes in the juvenile justice system:
  - Development of quality metrics in all future juvenile justice provider contracts.
  - Metrics include: recidivism; placements; length of stay; and costs.



## ***Juvenile Justice***

### Statewide Juvenile Justice Data

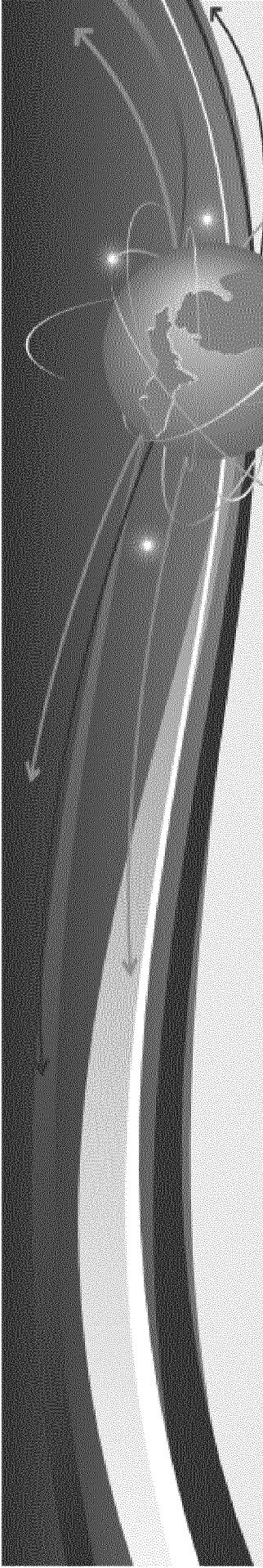
- MDHHS is committed to partnering with necessary entities in the development of statewide Juvenile Justice data collection, sharing and analysis.
- Developmental efforts to date:
  - Implementation of the University of Michigan's School of Social Work Child and Adolescent Data Lab.
  - Implementation of MiSACWIS for Juvenile Justice.
  - Statewide Juvenile Justice data collaboration including representative Court Administrators; the State Court Administrators Office; Department of Technology, Management and Budget, and vendors working with Juvenile Justice Vision 20/20.



## ***Children's Trust Fund***

Children's Trust Fund is also known as the State Child Abuse and Neglect Prevention Board.

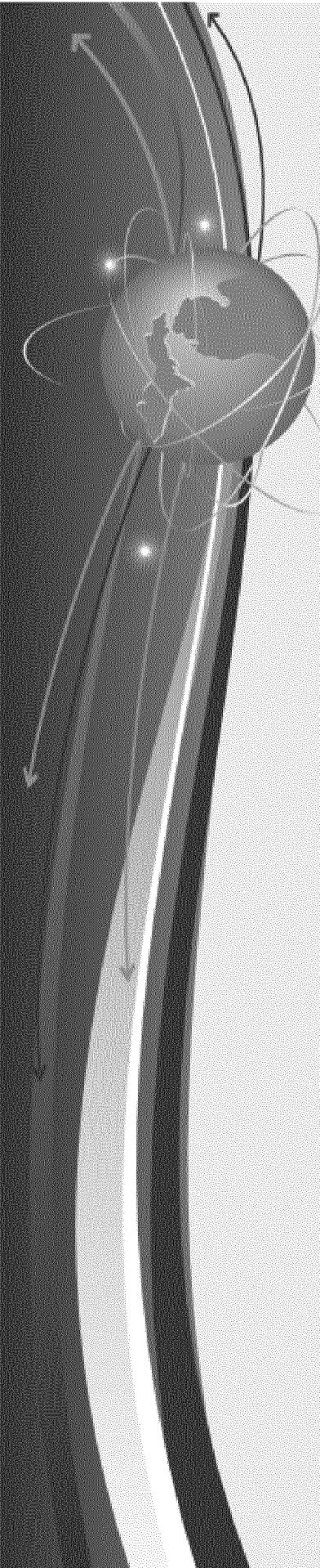
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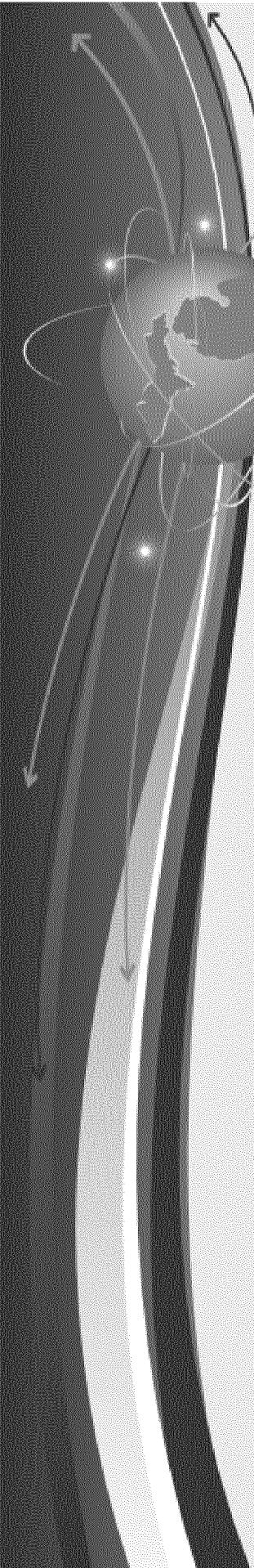
Provides a monthly subsidy to families that include children with severe developmental disabilities.

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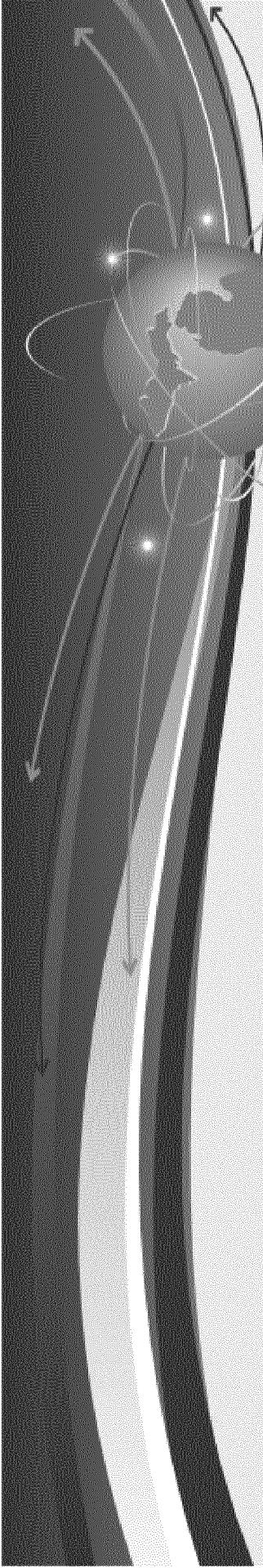
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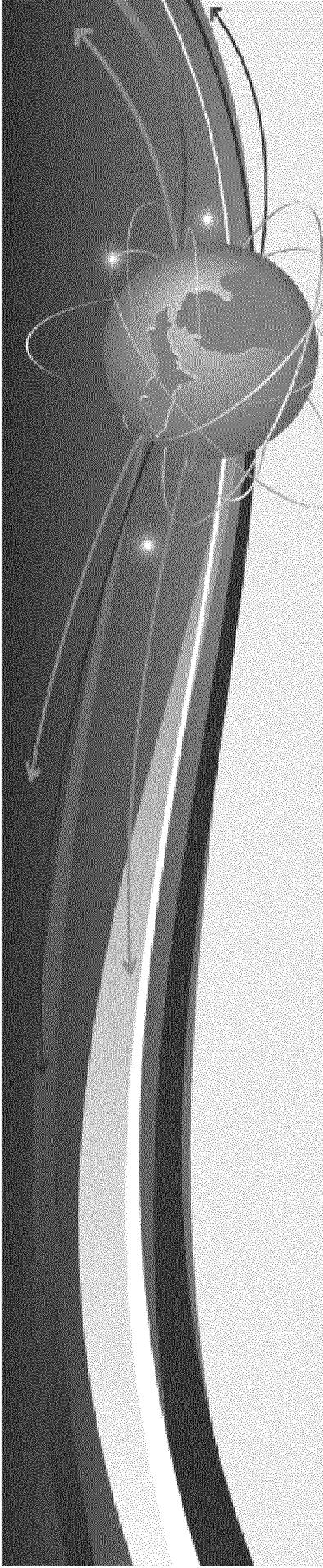
### Planned 2017:

- Increase the effectiveness of safety plans
- Increase the performance of the Centralized Intake Hotline
- Provide more efficient tools for permanency planning
- Further prevent families needing long term assistance from child welfare
- Utilize the Integrated Service Delivery Portal



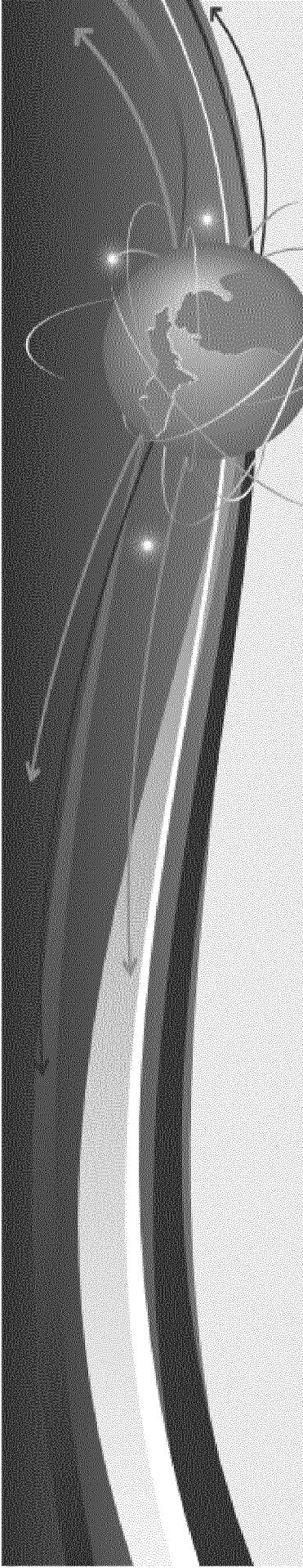
## **County Child Care Fund**

- Provides financial reimbursement to counties for community-based programming and placement costs for youth in child welfare or juvenile justice programs.
- In-Home Care programs are innovative and creative community-based programs that are developed locally as an alternative to out-of-home placement.
- Each FY the county/tribe must submit an annual plan and budget for approval prior to reimbursement of CCF-related expenses.



## ***Juvenile Justice Funding***

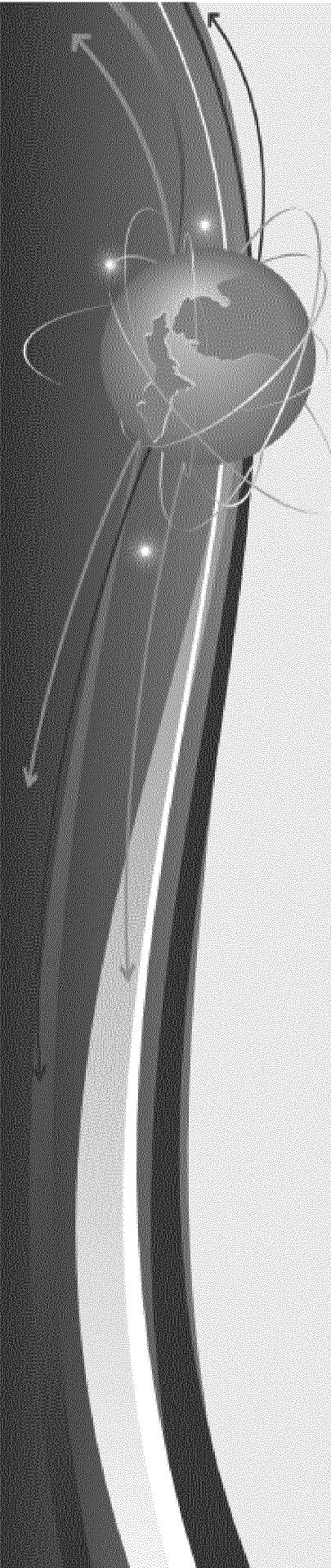
- County supervised and county administered.
- For Juvenile Justice Cases, the County Child Care Fund pays 100% cost of care and the state reimburses 50% of eligible expenses.
- Only what is outlined in the County/Tribe's approved annual budget can be reimbursed.
- Counties/Tribes may amend their budgets throughout the year if they deem additional funding is needed.



## **Child Welfare Funding**

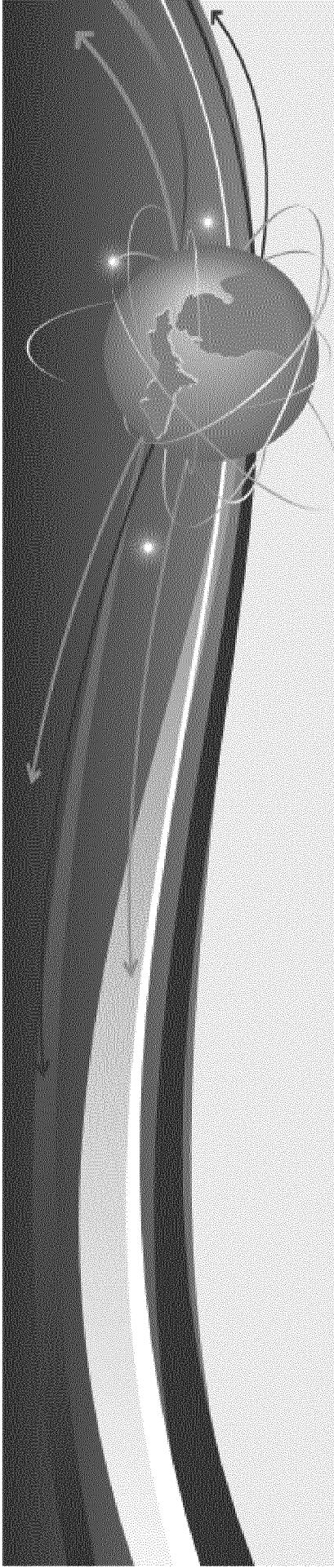
- State supervised and state administered.
- For County Child Care Funded child welfare cases, the county pays 100% of the cost of care and bills the state for 50%. The counties are currently held harmless for the private agency administrative rate.
- For Title IV-E funded child welfare cases, the federal government reimburses the state for 50-65% of the cost of care and the state pays the required matching funds.
- For State Ward Board and Care funded child welfare, the state pays 100% of cost of care and the counties reimburse 50%. The private agency administrative rate is paid 100% by the state.





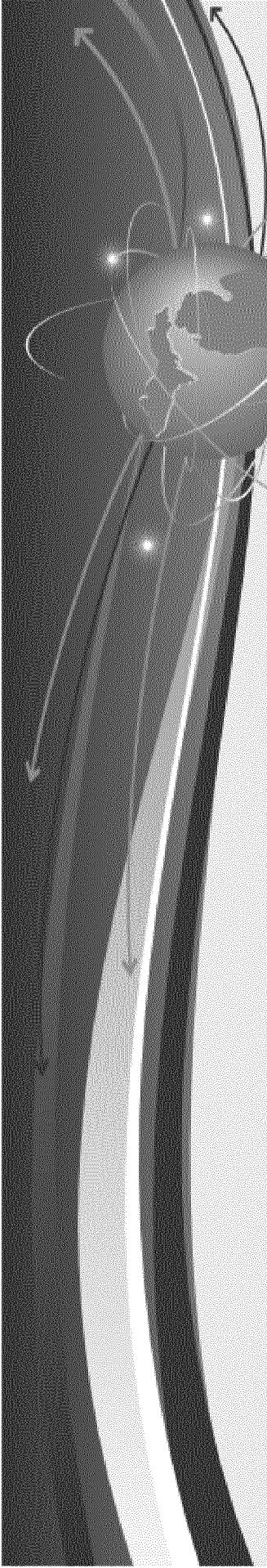
## ***Foster Care and Adoption Payments***

- Currently, no major, technical barriers causing delays in payments in MiSACWIS.
- MDHHS advanced money to several agencies in 2014 to assist with expediting payments due to conversion issues from SWSS to MiSACWIS. 78% of the advances to agencies have been returned to the state.
- Many staff still learning the multi-stage process for payments.
- Began offering specific placement/payment trainings for public and private agency staff.
- Building capacity to conduct regular foster care payment reconciliation functionality.



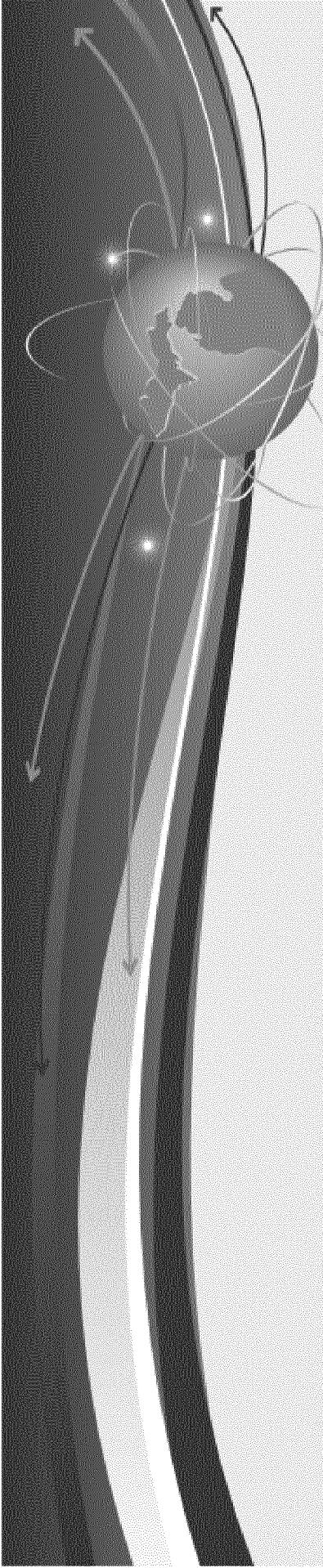
## Kent County Performance Based Funding Pilot

- Near completion of development of a data-driven draft Kent County case rate and payment methodologies.
- Collaboration to establish 501c status, West Michigan Partnership for Children.
- Licensure to become a Child Placing Agency is in process.
- Executed contracts for a project manager, actuary and evaluators.
- Established a dedicated, full time position within Children's Services.
- Aggressively working towards a July 1, 2016 begin date pending resolution of dependencies.
- Working to incorporate MiSACWIS data into Mindshare to provide the West Michigan Partnership for Children data analytics.



## ***Federal Consent Decree***

- On February 2, 2016, a federal court hearing took place in which MDHHS entered into a new agreement with plaintiffs.
- The new agreement is titled the Implementation, Sustainability and Exit Plan which replaces the Modified Settlement Agreement.
- The new agreement permits rolling exit of individual items which sets the state on a path toward exiting federal court oversight which will decrease spending on oversight.
- Reduction from 238 monitored requirements to 71 monitored requirements.



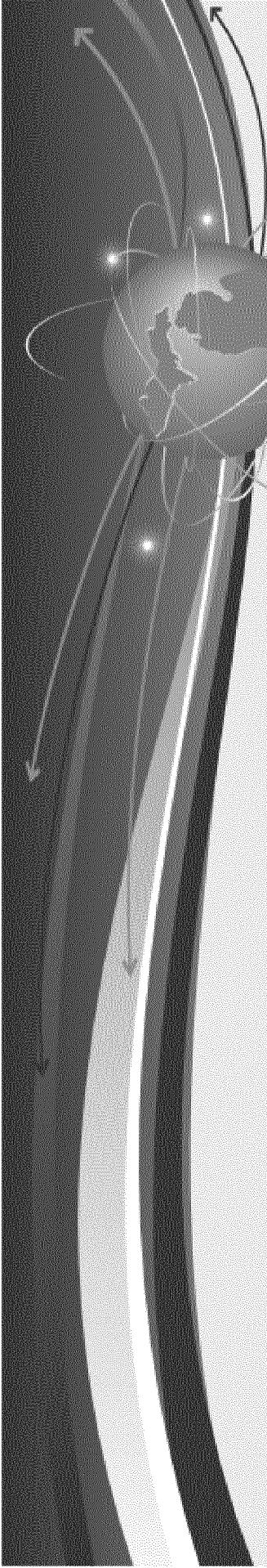
## ***Federal Consent Decree***

Key metrics include:

- Safety: Maltreatment in Care, Recurrence and CPS
- Health: Medicals, Dentals and Informed Consents
- Placements
- Caseloads

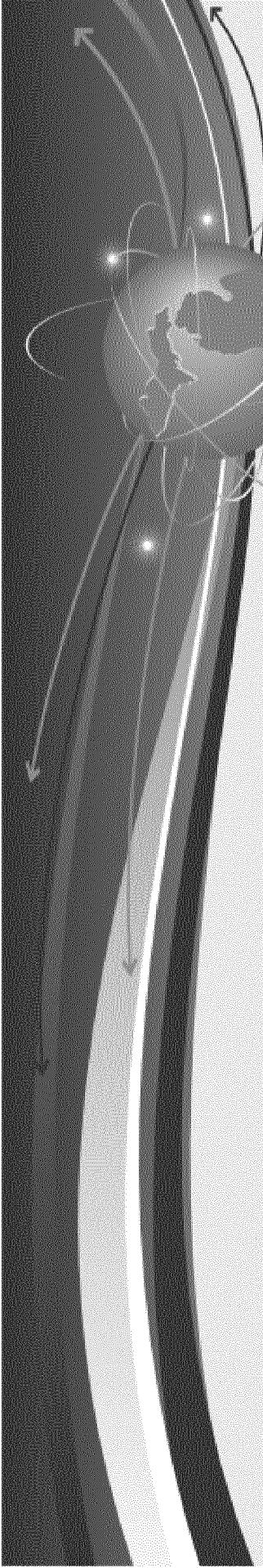
Key initiatives to address the 71 monitored requirements:

- Further enhancement of the Book of Business
- Development of 65 data reports to monitor progress
- Interface with Care Connect 360
- Policy changed requiring all relatives to be licensed



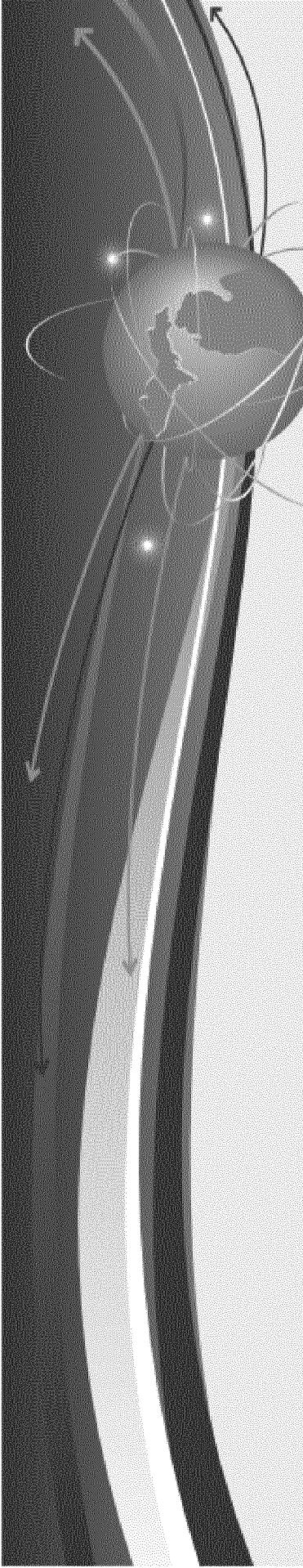
## ***Challenges***

- Incidents of maltreatment in care has continued to decline; however, further reduction remains a priority. MDHHS is committed to ensuring safe placements for all children in foster care.
- MDHHS is continuing work to gather statewide Juvenile Justice data.
- Increased social work visits and timely medicals and dentals.

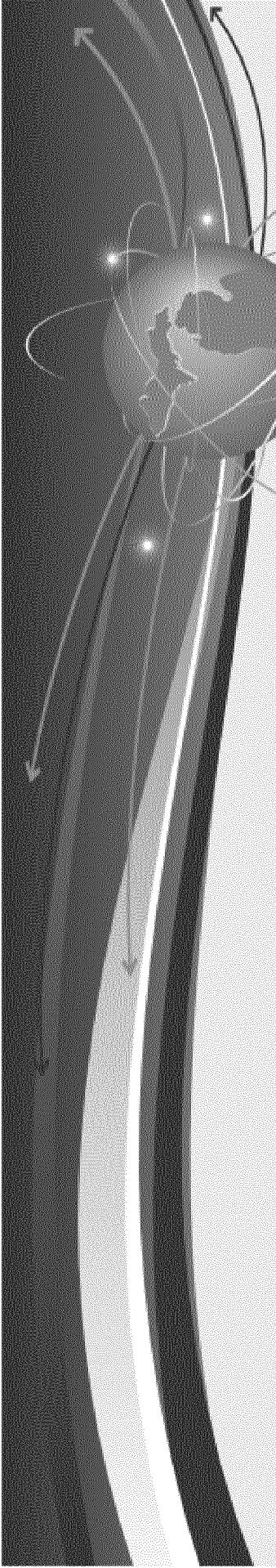


## **Successes**

- Renegotiated the Modified Settlement Agreement which has significantly reduced the number of monitored requirements.
- Successful roll-out of Juvenile Justice and County Child Care Fund functions in MiSACWIS.
- MDHHS has met ongoing training requirements for all child welfare workers.
- Implemented the Foster Parent Bill of Rights and the Foster Child Bill of Rights.

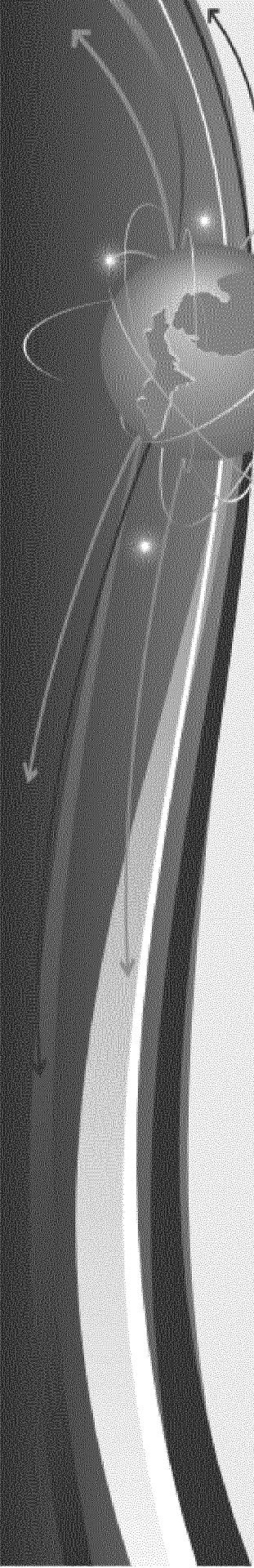


## *Governor Snyder's FY17 Recommendation*



## *Budget Recommendation*

	<b>Gross</b>	<b>GF/GP</b>
Children's Services – Child Welfare	\$1,131.0	\$443.9
Children's Services – Juvenile Justice	\$23.9	\$10.0
<b>Total</b>	<b>\$1,154.8</b>	<b>\$443.9</b>
One-Time Funding	\$10.0	\$0.0



## *Investments* **Provide Support to Youth and Families**

### **Family Preservation and Support Services Expansion**

- Three-year pilot to expand Parent Partner and Family Reunification programs to additional counties.
- Services prevent the need for foster care, shorten the length of time between foster care entry and reunification, and sustain parental progress following reunification.
- \$10.0 M one-time investment is entirely funded with federal TANF revenues.

**Original PFC**

Proposal Title: Expand family preservation and support services to prevent the need for foster care, shorten the length of time between foster care entry and reunification, and sustain parental progress following reunification.

**Proposal Explanation:**

**Expansion of family preservation and support services:**

(1) Expand Parent Partner Program to 10 additional counties through issuance of eight additional contracts. Currently, the Parent Partner Program has 3 contractors providing services in Wayne County.

(2) Expand Family Reunification Program (FRP) to counties in Northern Michigan – providing statewide coverage. Six additional contractors are needed to provide services to 42 Northern counties. Currently, there are 19 FRP contractors providing services in 41 counties. Michigan must continue to reduce the number of children placed in foster care, keep more children with their families, and support parents to safely care for their children. This proposal will achieve those goals by:

- A. Reducing the average length of stay in care for children served by seven months, thereby decreasing the cost of providing foster care services to children and families.
- B. Increasing the availability of services designed specifically to facilitate and maintain family reunification.
- C. Reducing the number of children who return to care due to a lack of intervention and resources.
- D. Utilizing the expertise of parents as mentors, thereby decreasing their dependence on public assistance. This service enhancement proposal addresses the following MDHHS Strategic Priorities:

- o Supports the integration of service delivery among programs across the department.
- o Encourages preventive services.
- o Prevents individuals from needing long term assistance and supporting those that promote self-sufficiency.
- o Reduces reliance on public assistance for individuals and families.

**Parent Partner Program:**

The Parent Partner Program is an in-home approach to parent mentoring by employing former foster care service recipients who have achieved reunification and maintained their children in their care. These parents provide in home support, mentoring and concrete services to referred parents who are working toward reunification for their families. The service is designed to assist the family with achieving reunification within six months of the referral to the program. As staffed, the program creates full-time employment for the Parent Partner and decreases dependence on public assistance. The cost effectiveness of the service is evidenced by the intervention costs being lower than continued out of home placement. Once a plan is established for reunification of the child(ren), the birth family may receive Family Reunification Program services.

**Family Reunification Program:**

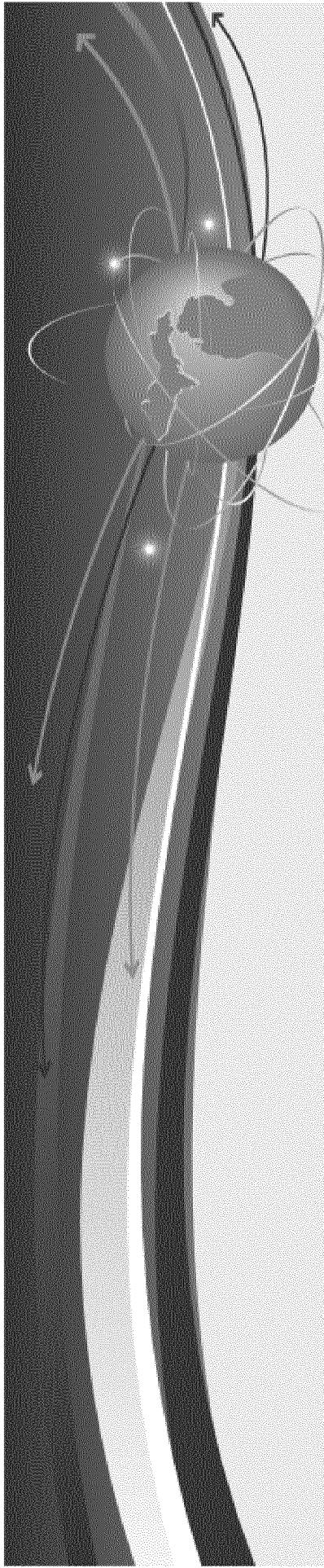
Family Reunification Program (FRP) services are available to those families who have a child residing in out-of-home placement due to abuse or neglect who may be returned home with intensive services within 30 days of the FRP referral. Out-of-home placement includes, but is not limited to residential treatment, family foster care, group family foster care, relative placement, psychiatric hospitalization, and detention (if dual wardship). FRP seeks to increase permanency by facilitating early return home from foster care and decreasing subsequent returns to foster care in abuse and neglect cases. FRP currently is not available in all counties, but where it is available, a referral is mandatory (as contract capacity permits) for all abuse and neglect foster care cases where the goal is to return the child home.

**Population Demographic Impacted:**

**Estimate of Number Impacted:** 980 families and approximately 1960 children will receive services to decrease their time in the foster care system and facilitate safe and stable reunification.

**Proposal Justification:**

Currently, the average length of stay for children in foster care prior to reunification is 13 months (although approximately 60% of placements are less than 12 months). The main focus of this proposal is reducing time in care for children and enhancing parental awareness and resilience in a manner that will contribute significantly to our long-term success in maintaining families safely intact. Parent Partner Program: The average service cost per family is approximately \$3,750. This is the cost of a



## ***MDHHS Contact Info and Useful Links***

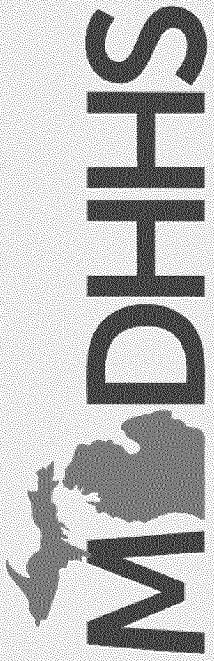
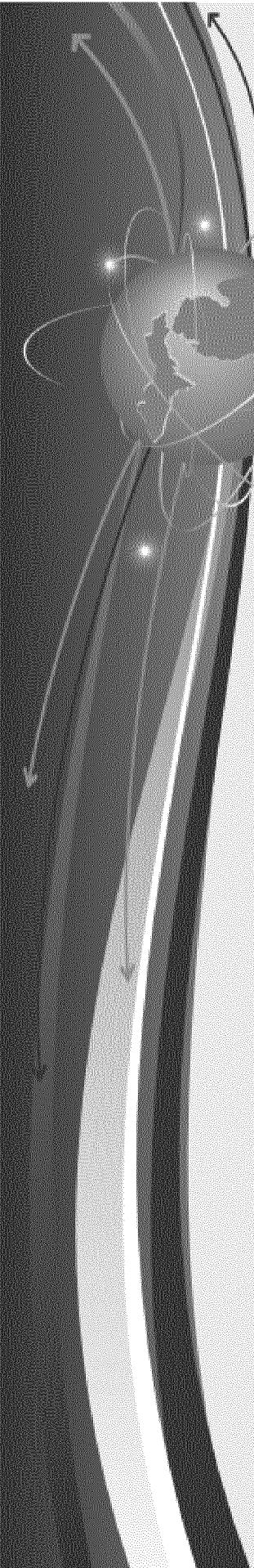
Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: <http://www.michigan.gov/mdhhs>

Legislative Service Bureau:

[http://www.legislature.mi.gov/\(S\(n4rbq4jwj2dfwz1qybtu01cu\)\)/mileg.aspx?page=home](http://www.legislature.mi.gov/(S(n4rbq4jwj2dfwz1qybtu01cu))/mileg.aspx?page=home)



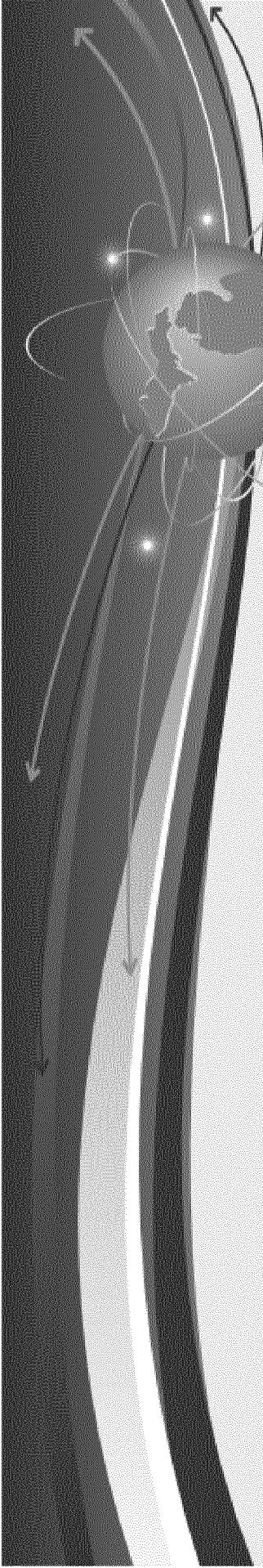
# Children's Services Agency

## Fiscal Year 2017

Presentation to Senate Appropriations Subcommittee  
on the Department of Health & Human Services

February 23, 2016

**Steve Yager**, Executive Director, Children's Services Agency  
**Farah A. Hanley**, Senior Deputy Director, Financial Operations Administration



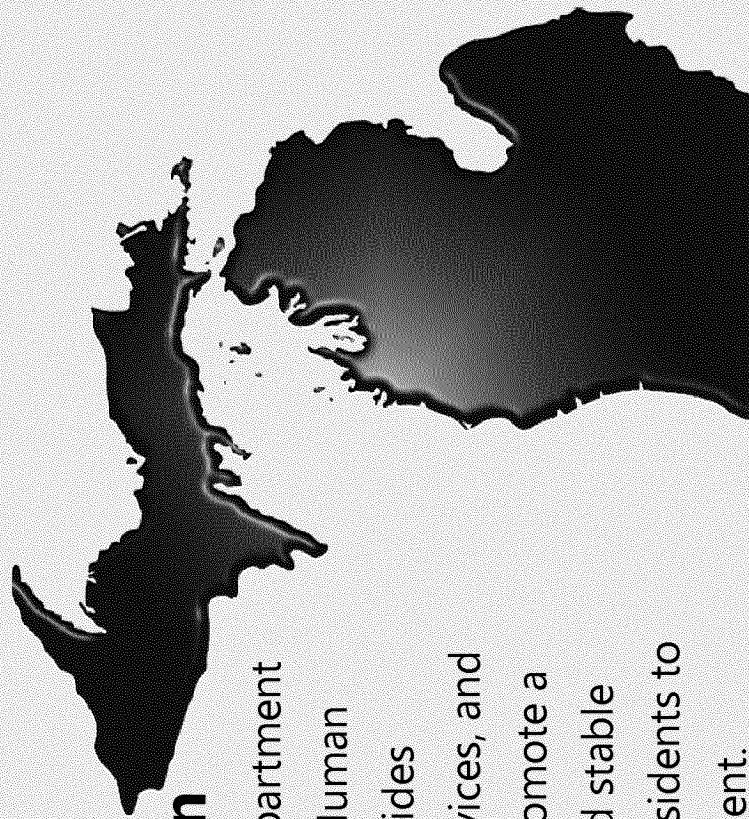
## ***Our Guiding Principles***

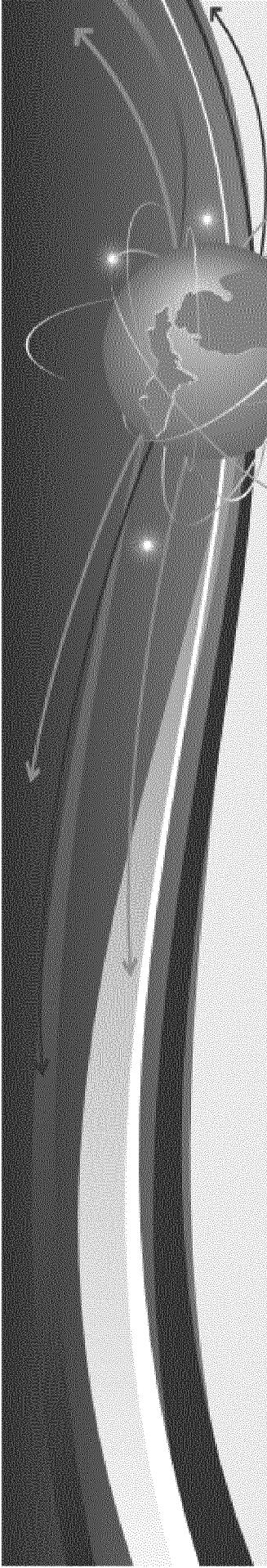
### **Mission**

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.

### **Vision**

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.





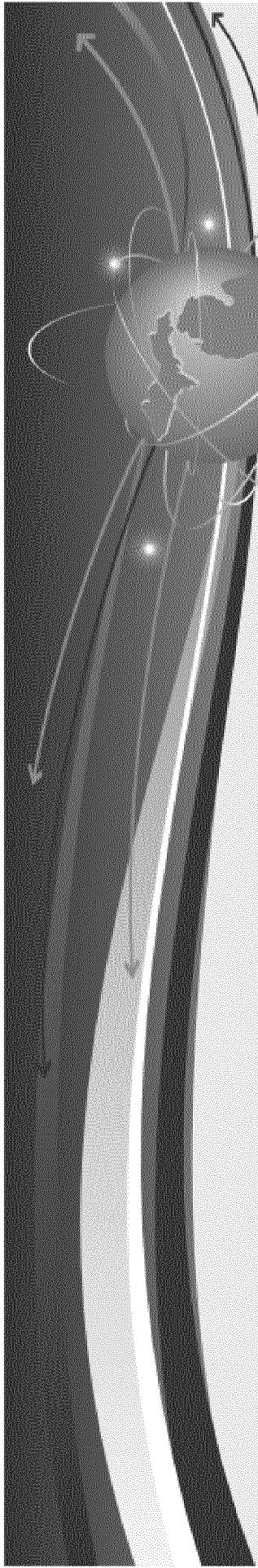
## ***Children's Services Vision and Mission***

### **VISION**

DHHS will lead Michigan in supporting our children, youth, and families to reach their full potential.

### **MISSION**

Child welfare professionals will demonstrate an unwavering commitment to engage and partner with families we serve to ensure safety, permanency and well-being through a trauma-informed approach.

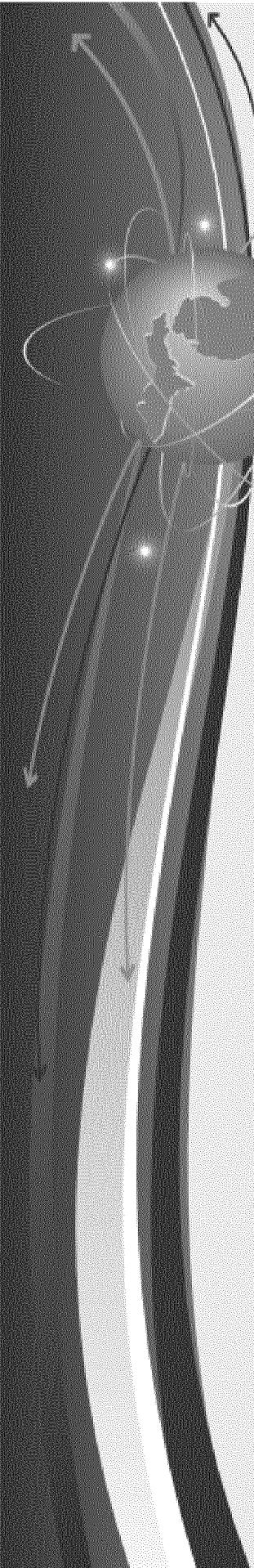


## *Action on Flint Declaration of Emergency*

### **Responsibility – Accountability – Action**

#### **CHILDREN'S SERVICES:**

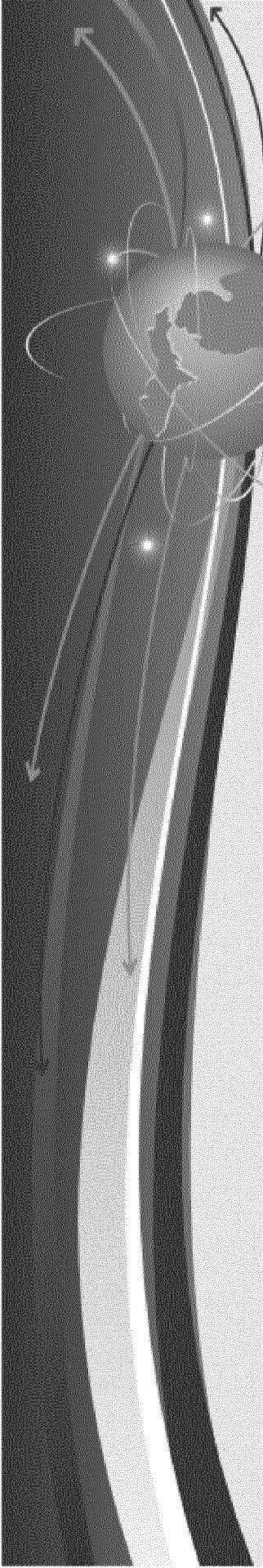
- Contacted each of the 122 impacted foster care providers and verified the use of appropriate filter or bottled water.
- Completed an on-site visit to each foster care provider to verify the presence and use of a filter or bottled water and ensure appropriate supplies.
- Water testing was completed for each foster care provider home, licensed and unlicensed, and each facility.
- Issued instructions/communication to all foster care providers regarding expectation for safe water at all times.



## *Action on Flint Declaration of Emergency*

### **Responsibility – Accountability – Action**

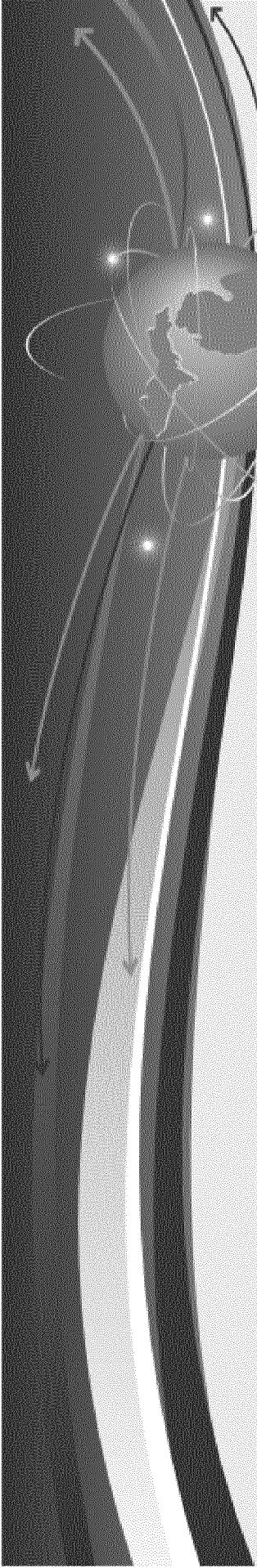
- Initiated blood testing for the 87 children currently in foster care under the age of 6 living in Flint.
- Informing caregivers of the 152 children in foster care age 6 or over, living in Flint to inform the child's physician of the child's possible lead exposure at their next primary care appointment.
- For children who resided in Flint between 4/2014-1/2016
  - Initiated blood testing for children in foster care under the age of 6.
  - Informing caregivers of children in foster care age 6 or over, to inform the child's physician of the child's possible lead exposure at their next primary care appointment.



## *Action on Flint Declaration of Emergency*

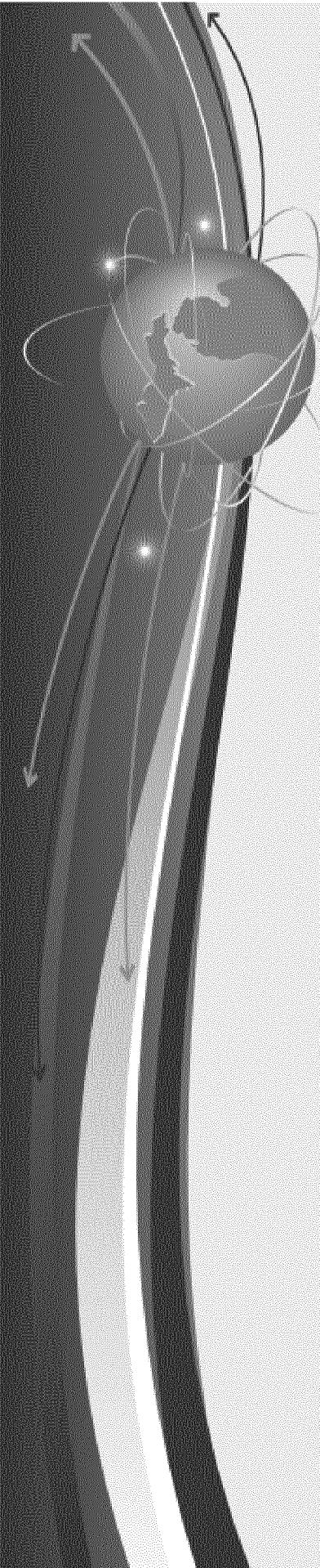
### **Responsibility – Accountability – Action**

- Notifications currently being sent to caregivers of the children who were placed in Flint and are no longer under MDHHS care and supervision.
- Children's Protective Services workers will ensure safe water in all homes encountered as a function of investigation or ongoing service cases.
- Dedicated 4 existing full time employees to Genesee County for tracking and monitoring.
- Obtained approval from the federal government to utilize IV-E funding for maintenance costs for water filters.



## ***Children's Services Agency***

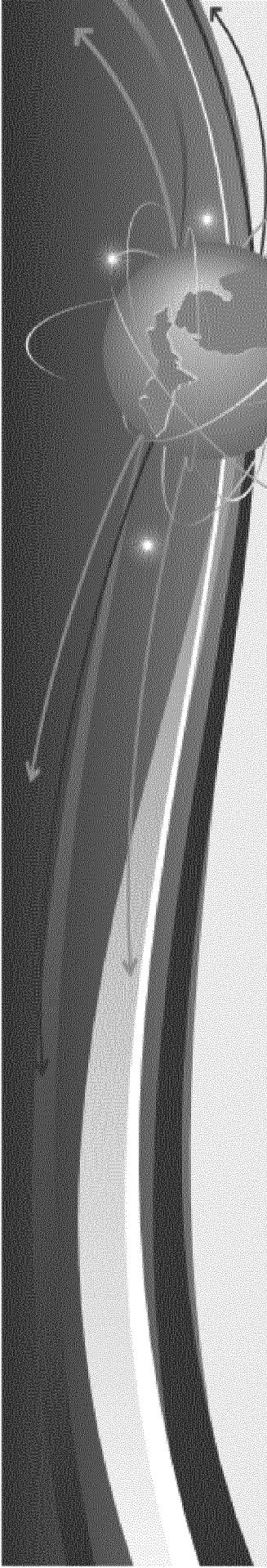
- Oversees all child welfare services for children and their families.
- Employs approximately 3,861 staff including 3,186 field staff and 675 Central office staff.
- Oversees approximately 1,016 Private Agency foster care staff and 315 supervisors who are contracted to provide foster care, licensing and adoption services.



## ***Children's Protective Services***

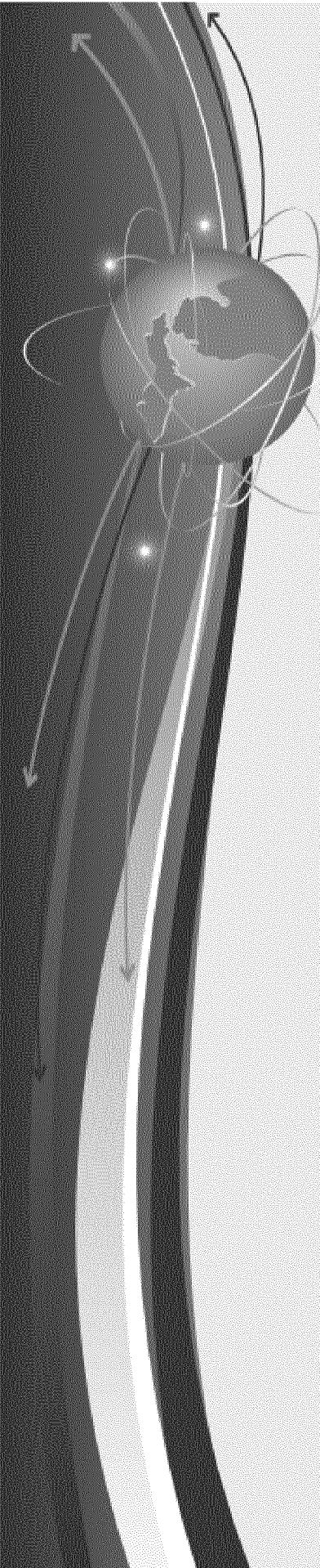
Investigates all allegations of suspected child abuse or neglect by a parent, legal guardian or any other person responsible for the child's health or welfare, and provides services to prevent removal from the parental home.

- Complaints received: 157,417
- Complaints investigated: 92,729 (59% of complaints received)
- Substantiated complaints: 23,813 - Category I and II (26% of assigned investigations, 15% of all complaints received)
- Number of children removed from parent: 5,810



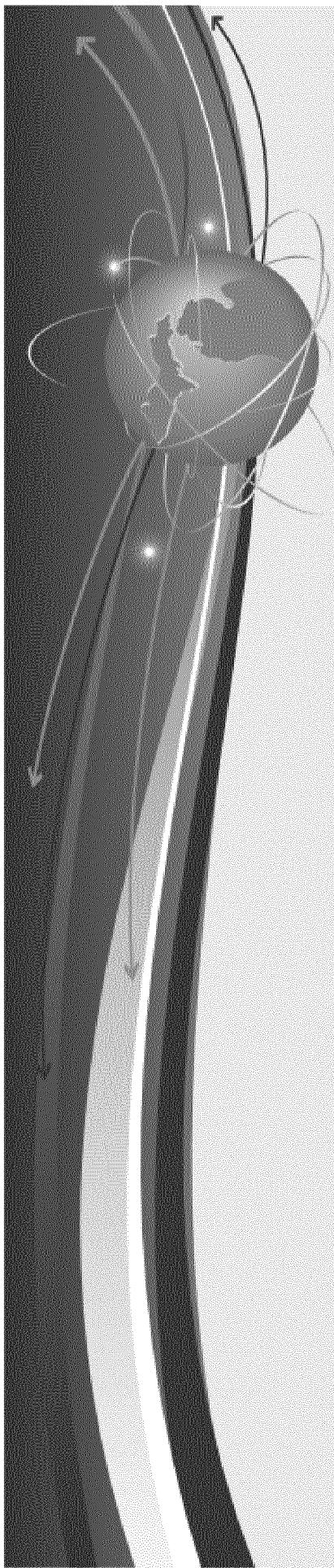
## **Foster Care**

- Delivered by MDHHS and private agency foster care staff.
- Provides placement and supervision of children who have been removed by the court from their home due to abuse or neglect.
- Is a short-term solution to an emergency situation and permanency planning continues throughout the child's placement in care.
- Ensures the safety, permanence and well being of children through reunification with the birth family, permanent placement with a suitable relative, or a permanent adoptive home.
- Michigan is meeting 4 out of 5 national permanency measures. The only measure not being met is Permanency in 12 months for children entering foster care, however Michigan's re-entry rate is extremely low.



## **Foster Care**

- Works with parents to rectify conditions that led to the child's removal.
- Supervises child in out-of-home placement to ensure well-being & provision of necessary services.
- Monitors parents' progress and compliance with services on a regular basis.
- Reports and makes recommendations to the court every 3 months.
- MDHHS is responsible for supervision of 12,873 children, as of December 31, 2015, down from 18,016 in 2008.
- Administers approximately \$187.8 million in foster care costs.

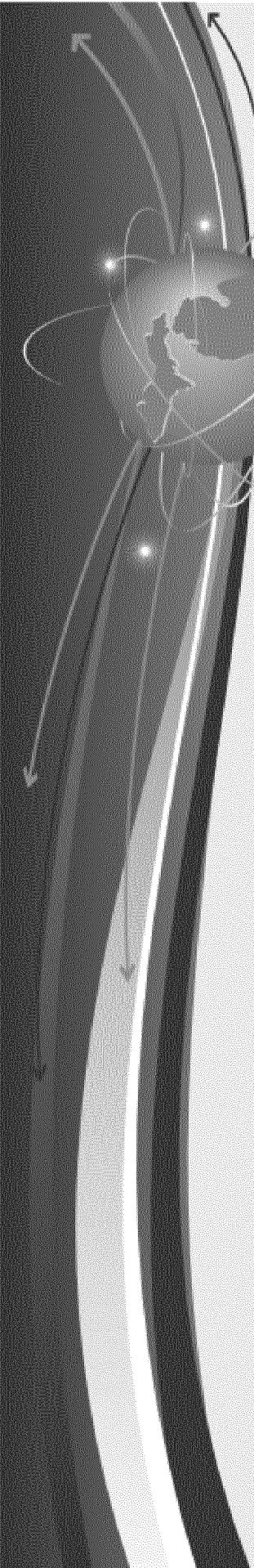


*Adoption*

Facilitates the adoptive placement of state and permanent court wards.

- 80% of the number of children available for adoption were adopted in 2015.\*
  - More than 1,700 children were adopted in 2015.
  - Eight Post Adoption Resource Centers provide services statewide.

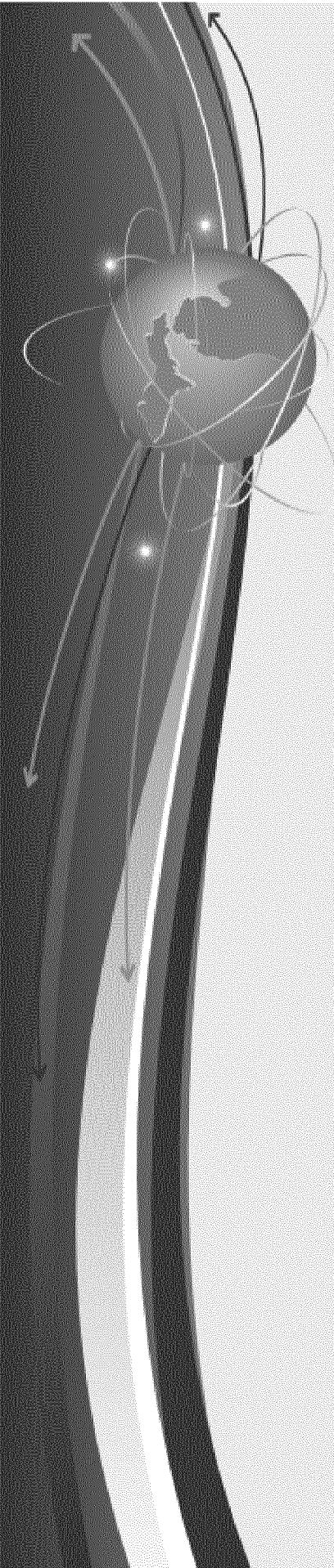
\*Number is estimated because the 2015 number has not yet been finalized.



## *Adoption Assistance*

Provides financial assistance, medical subsidy and non-recurring adoption assistance to families who adopt special needs children from Michigan's child welfare system.

- 90-95% of all adopted youth from foster care are eligible annually.
- Administers approximately \$229 million serving approximately 26,500 children each year.

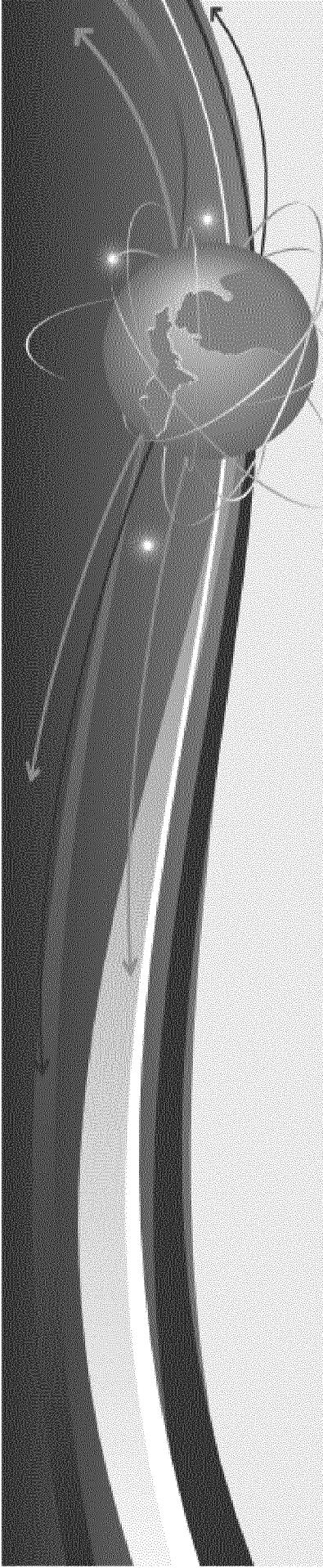


## ***Guardianship Assistance***

Provides financial support to ensure permanency for children who may otherwise remain in foster care until reaching the age of majority.

The transfer of legal responsibility:

- Transitions the child out of the child welfare system.
- Allows a caregiver to make important decisions on the child's behalf.
- Establishes a permanent caregiver for the child.
- Addresses financial needs through ongoing assistance payments.
- Administers approximately \$9.2 million in foster care costs.



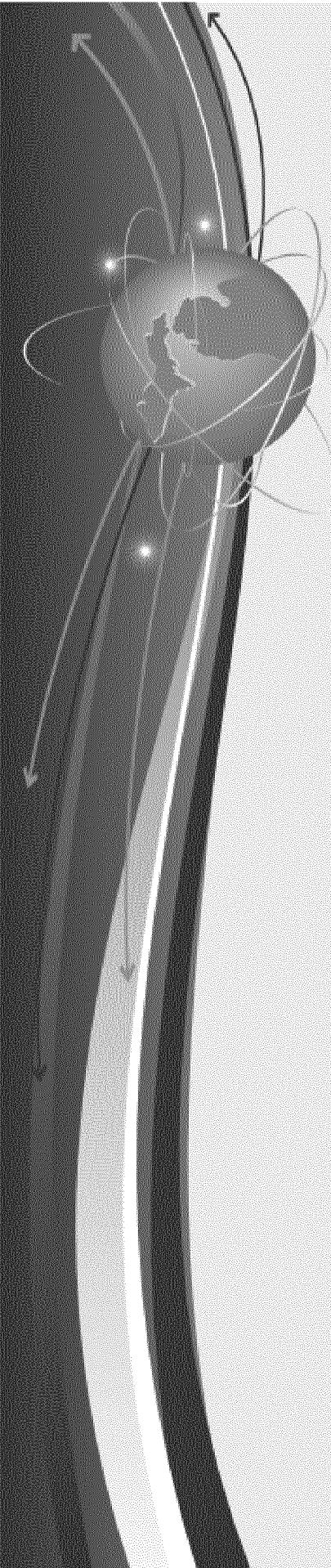
## ***Child Welfare Licensing***

Protects vulnerable children by regulating and consulting with licensees.

The Child Welfare Licensing division regulates, monitors contracts, and licenses the following:

- Child Caring Residential Institutions
- Child Placing Agencies
- Children's Foster Homes
- Court Operated Facilities

The Child Welfare Licensing Division regulates 6,838 facilities.



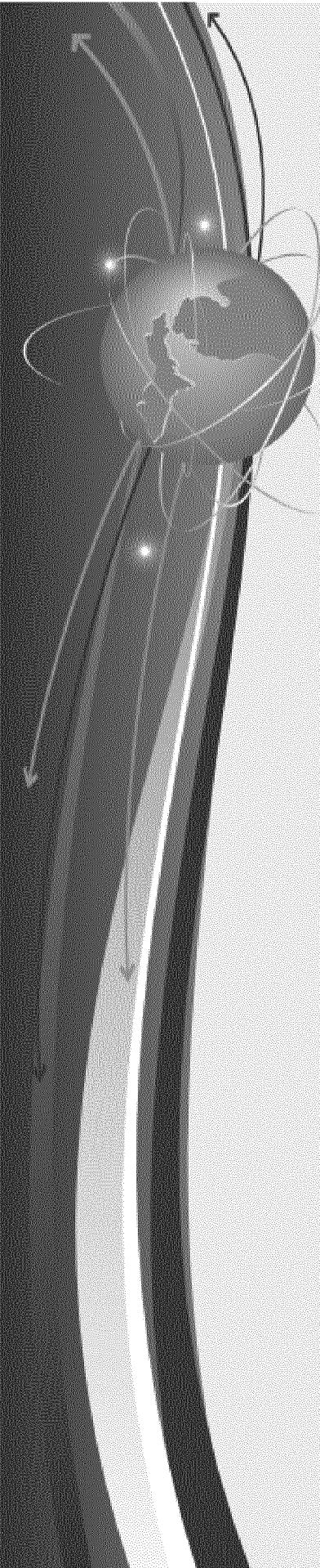
## ***Juvenile Justice***

Provides community based programs and supervision for juvenile justice youth referred or committed to MDHHS.

Youth placed in state-operated and private residential facilities are also provided assessments and services.

Technical assistance, consultation, assessment services and training for community-based and residential juvenile justice programs.

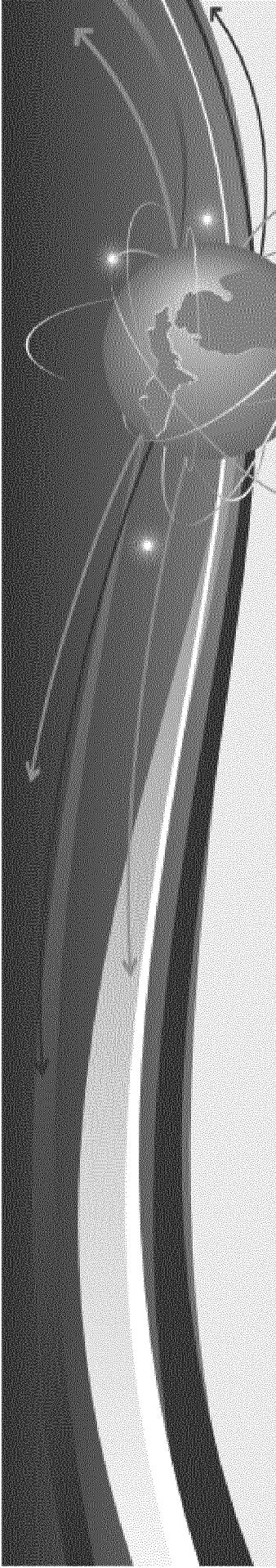
MDHHS operates 2 juvenile justice facilities: Bay Pines and Shawano (capacity of 40 beds for each program).



## ***Juvenile Justice***

Ensuring a Juvenile Justice System that works for Michigan's children

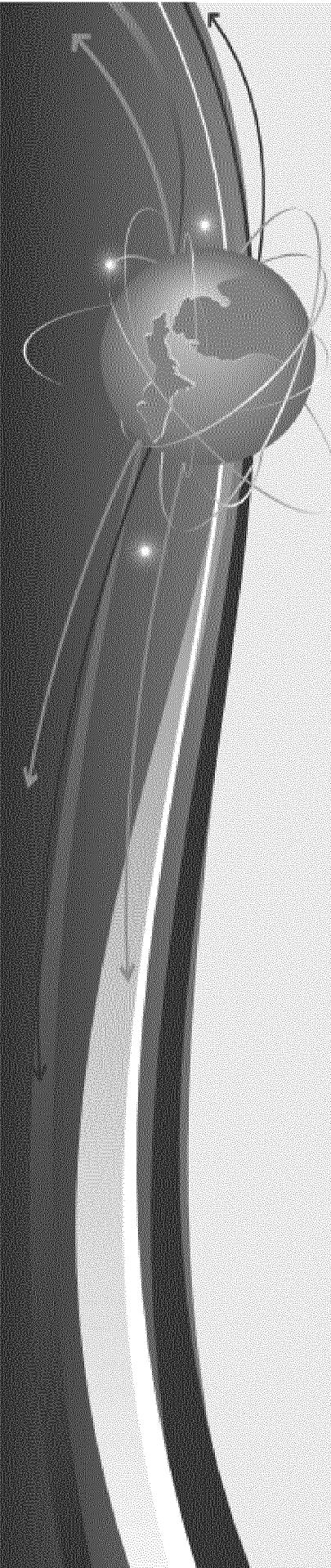
- Properly assess the risks and needs of juvenile offenders to ensure the right type and amount of treatment.
- Develop a network of community-based and in-home programs using evidenced-based outcomes.
- Ensure the most appropriate placement for youth.
- Improve tracking outcomes in the juvenile justice system:
  - Development of quality metrics in all future juvenile justice provider contracts.
  - Metrics include: recidivism; placements; length of stay; and costs.



## *Juvenile Justice*

### Statewide Juvenile Justice Data

- MDHHS is committed to partnering with necessary entities in the development of statewide Juvenile Justice data collection, sharing and analysis.
- Developmental efforts to date:
  - Implementation of the University of Michigan's School of Social Work Child and Adolescent Data Lab.
  - Implementation of MiSACWIS for Juvenile Justice.
  - Statewide Juvenile Justice data collaboration including representative Court Administrators; the State Court Administrators Office; Department of Technology, Management and Budget, and vendors working with Juvenile Justice Vision 20/20.



## ***Children's Trust Fund***

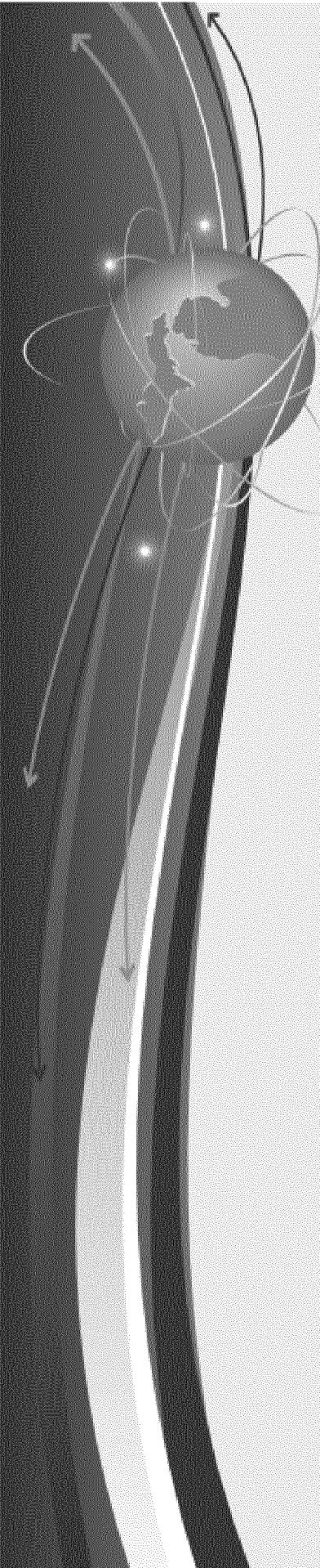
Children's Trust Fund is also known as the State Child Abuse and Neglect Prevention Board.

- An independent, autonomous nonprofit organization created by Public Act 250 of 1982.
- Serves as Michigan's only source of permanent funding for the statewide prevention of child abuse and neglect.
- The purpose is to prevent child abuse and raise awareness of prevention through community-based programs.
- Dispersed \$1.7 million in 2015 to support 21 child abuse prevention grants and 73 local Child Abuse Prevention Councils.

## ***Family Support Subsidy***

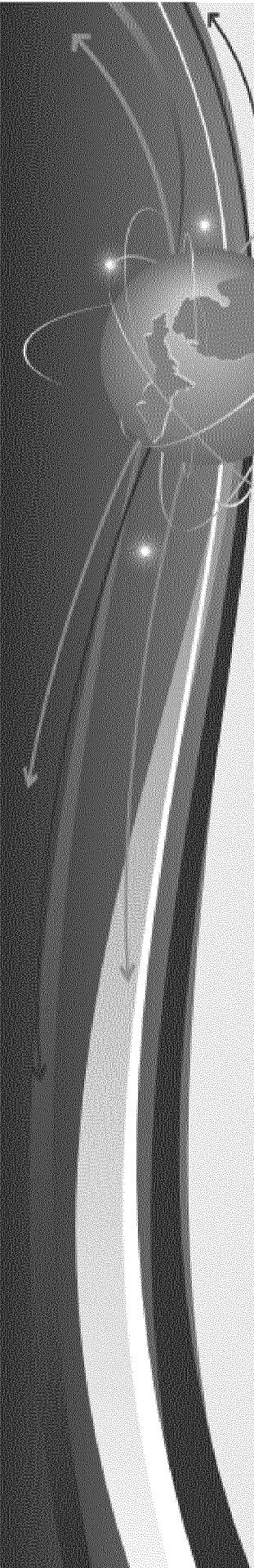
Provides a monthly subsidy to families that include children with severe developmental disabilities.

- The subsidy helps keep families together and reduce the demand for state-provided out-of-home services.
- In FY14, the program served 6,695 children. Only 18 children (0.3 percent) were placed out of home during FY14.



## ***Children's Behavioral Action Team***

- Responsible for overseeing development of collaborative transition plans to support 50 extremely complex children/youth to be discharged from Hawthorn Center to return home to their families.
- The target population includes children/youth with serious emotional disturbance, ages 5 to 18 currently residing in Hawthorn Center.
- Of the 18 youth discharged from the program as of 12/31/2015, 75% have remained completely out of psychiatric inpatient care.
- The number of days a child/youth spent in any psychiatric hospital post discharge from Hawthorn has been reduced by 65-70%.



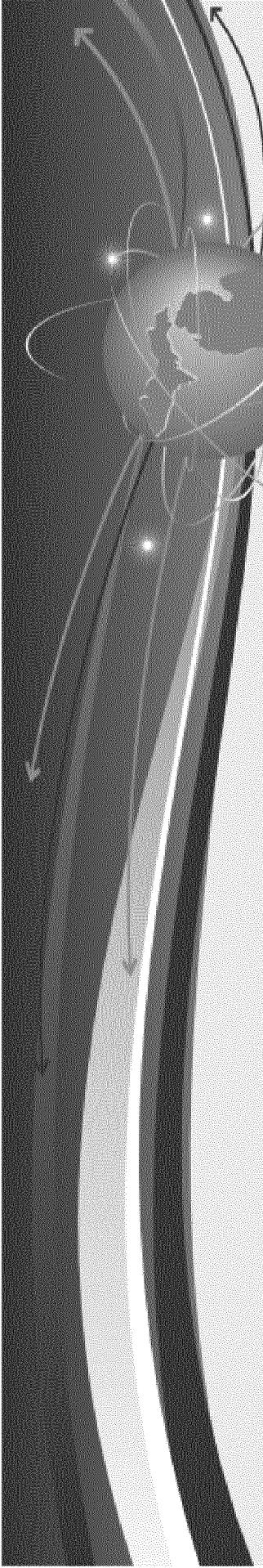
## MiSACWIS

### Planned 2016:

- Financials Recoupment and Reconciliation
- Financials Chargeback and Adjustments
- MiCSES (Child Support) Interface
- Child Welfare Licensing Integration
- Field enhancement requests
- Initiate Centralized Intake Web Portal Data Warehouse reporting

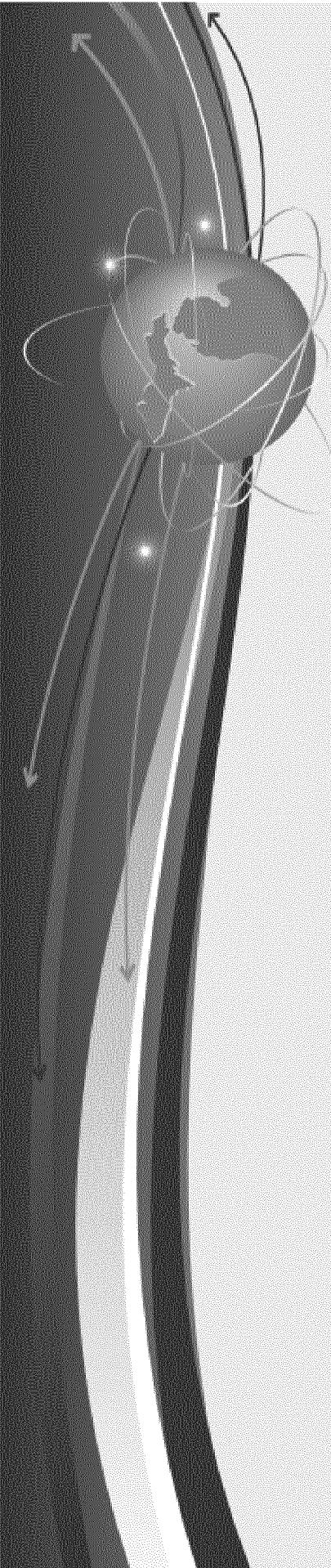
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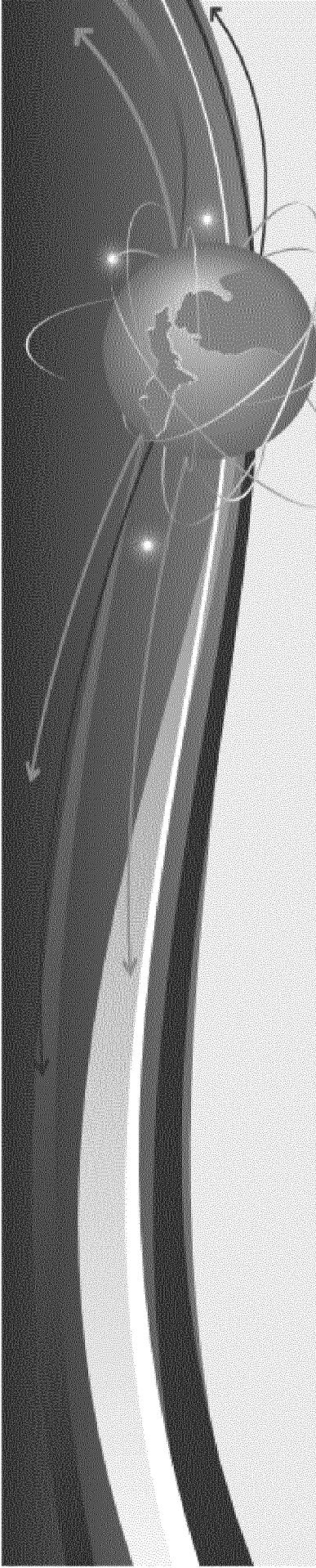
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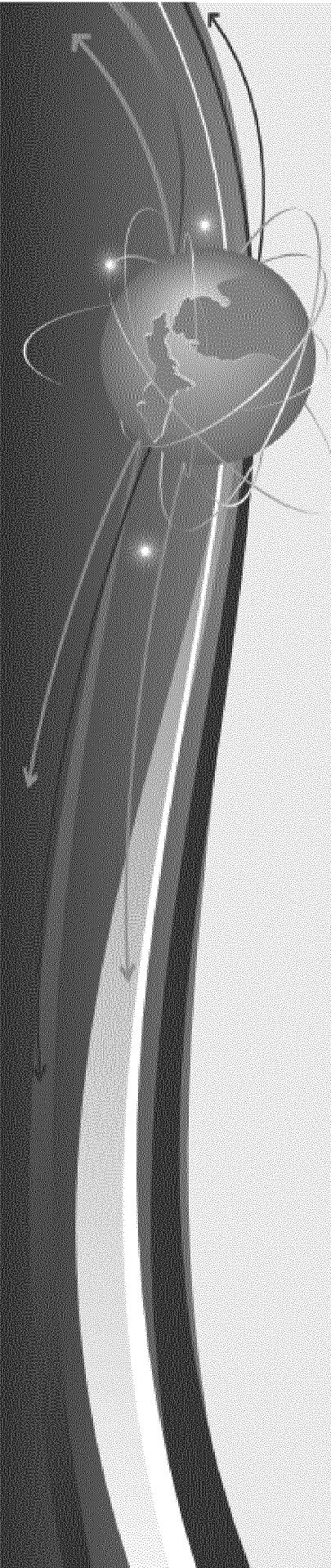
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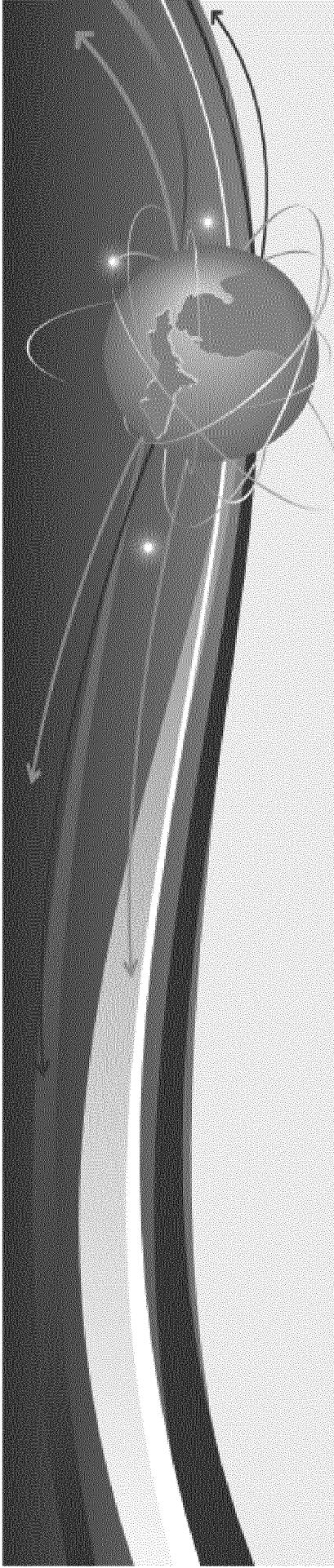
- State supervised and state administered.
- For County Child Care Funded child welfare cases, the county pays 100% of the cost of care and bills the state for 50%. The counties are currently held harmless for the private agency administrative rate.
- For Title IV-E funded child welfare cases, the federal government reimburses the state for 50-65% of the cost of care and the state pays the required matching funds.
- For State Ward Board and Care funded child welfare, the state pays 100% of cost of care and the counties reimburse 50%. The private agency administrative rate is paid 100% by the state.





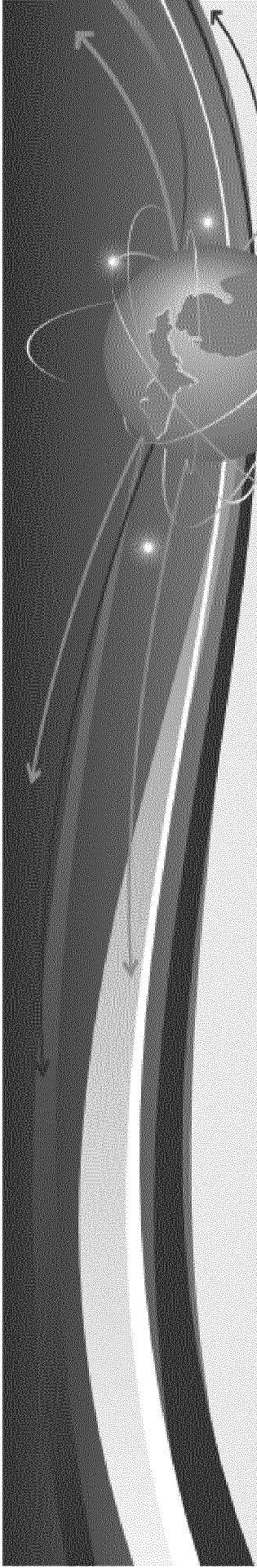
## ***Foster Care and Adoption Payments***

- Currently, no major, technical barriers causing delays in payments in MiSACWIS.
- MDHHS advanced money to several agencies in 2014 to assist with expediting payments due to conversion issues from SWSS to MiSACWIS. 78% of the advances to agencies have been returned to the state.
- Many staff still learning the multi-stage process for payments.
- Began offering specific placement/payment trainings for public and private agency staff.
- Building capacity to conduct regular foster care payment reconciliation functionality.



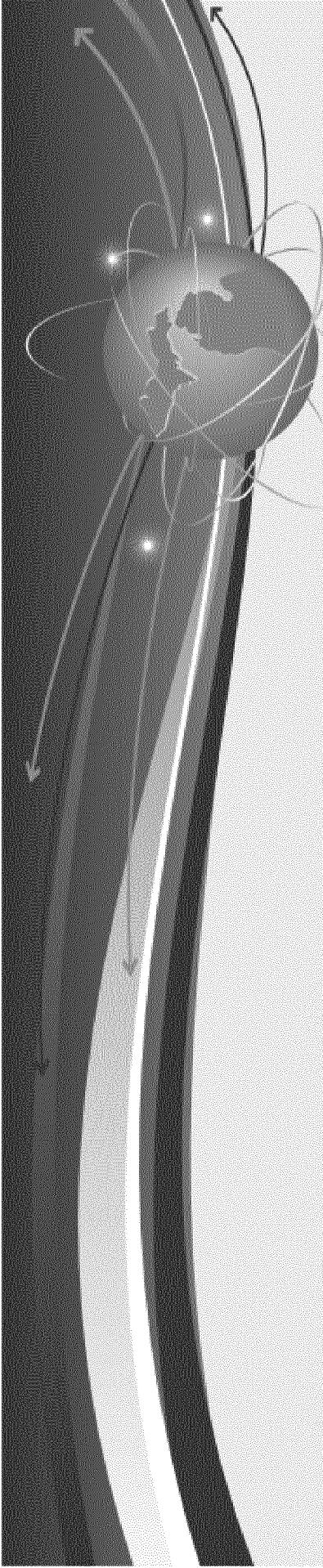
## Kent County Performance Based Funding Pilot

- Near completion of development of a data-driven draft Kent County case rate and payment methodologies.
- Collaboration to establish 501c status, West Michigan Partnership for Children.
- Licensure to become a Child Placing Agency is in process.
- Executed contracts for a project manager, actuary and evaluators.
- Established a dedicated, full time position within Children's Services.
- Aggressively working towards a July 1, 2016 begin date pending resolution of dependencies.
- Working to incorporate MiSACWIS data into Mindshare to provide the West Michigan Partnership for Children data analytics.



## ***Federal Consent Decree***

- On February 2, 2016, a federal court hearing took place in which MDHHS entered into a new agreement with plaintiffs.
- The new agreement is titled the Implementation, Sustainability and Exit Plan which replaces the Modified Settlement Agreement.
- The new agreement permits rolling exit of individual items which sets the state on a path toward exiting federal court oversight which will decrease spending on oversight.
- Reduction from 238 monitored requirements to 71 monitored requirements.



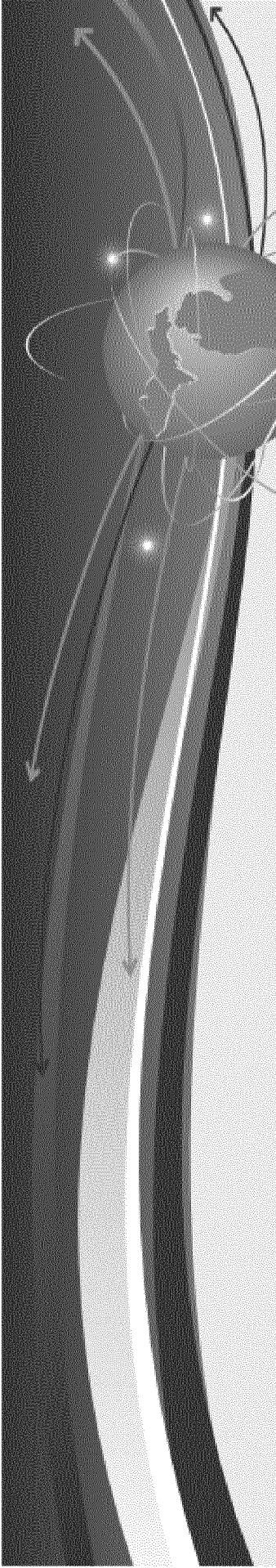
## ***Federal Consent Decree***

Key metrics include:

- Safety: Maltreatment in Care, Recurrence and CPS
- Health: Medicals, Dentals and Informed Consents
- Placements
- Caseloads

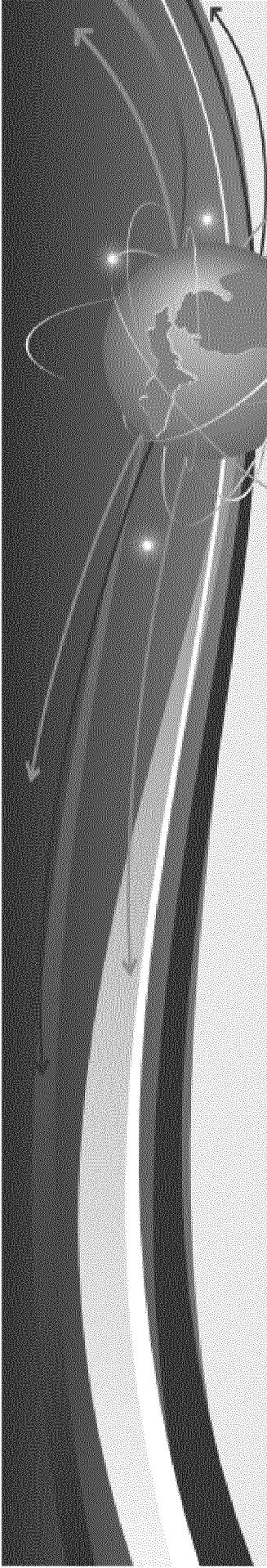
Key initiatives to address the 71 monitored requirements:

- Further enhancement of the Book of Business
- Development of 65 data reports to monitor progress
- Interface with Care Connect 360
- Policy changed requiring all relatives to be licensed



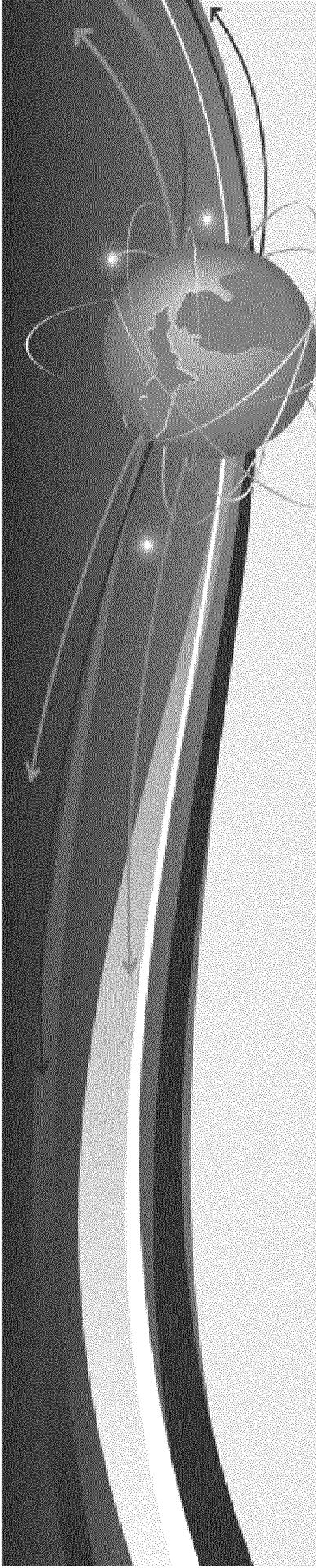
## *Challenges*

- Incidents of maltreatment in care has continued to decline; however, further reduction remains a priority. MDHHS is committed to ensuring safe placements for all children in foster care.
- MDHHS is continuing work to gather statewide Juvenile Justice data.
- Increased social work visits and timely medicals and dentals.

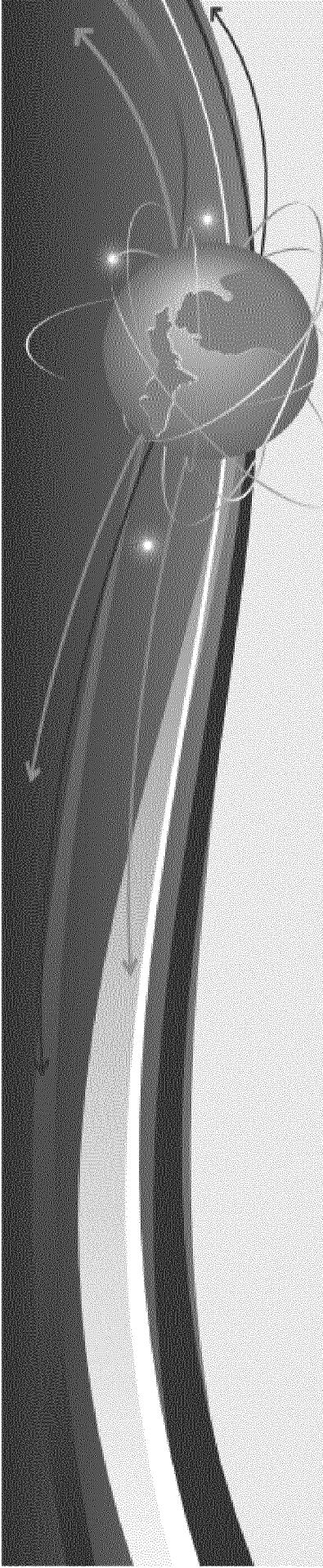


## **Successes**

- Renegotiated the Modified Settlement Agreement which has significantly reduced the number of monitored requirements.
- Successful roll-out of Juvenile Justice and County Child Care Fund functions in MiSACWIS.
- MDHHS has met ongoing training requirements for all child welfare workers.
- Implemented the Foster Parent Bill of Rights and the Foster Child Bill of Rights.

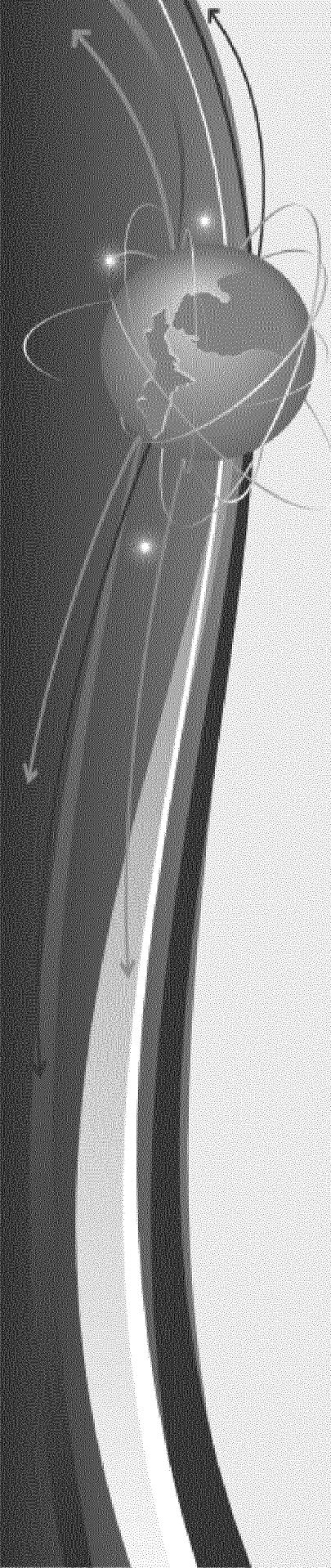


## *Governor Snyder's FY17 Recommendation*



## *Budget Recommendation*

	<b>Gross</b>	<b>GF/GP</b>
Children's Services – Child Welfare	\$1,131.0	\$443.9
Children's Services – Juvenile Justice	\$23.9	\$10.0
<b>Total</b>	<b>\$1,154.8</b>	<b>\$443.9</b>
One-Time Funding	\$10.0	\$0.0



## *Investments* **Provide Support to Youth and Families**

### **Family Preservation and Support Services Expansion**

- Three-year pilot to expand Parent Partner and Family Reunification programs to additional counties.
- Services prevent the need for foster care, shorten the length of time between foster care entry and reunification, and sustain parental progress following reunification.
- \$10.0 M one-time investment is entirely funded with federal TANF revenues.

**Original PFC**

Proposal Title: Expand family preservation and support services to prevent the need for foster care, shorten the length of time between foster care entry and reunification, and sustain parental progress following reunification.

**Proposal Explanation:**

**Expansion of family preservation and support services:**

(1) Expand Parent Partner Program to 10 additional counties through issuance of eight additional contracts. Currently, the Parent Partner Program has 3 contractors providing services in Wayne County.

(2) Expand Family Reunification Program (FRP) to counties in Northern Michigan – providing statewide coverage. Six additional contractors are needed to provide services to 42 Northern counties. Currently, there are 19 FRP contractors providing services in 41 counties. Michigan must continue to reduce the number of children placed in foster care, keep more children with their families, and support parents to safely care for their children. This proposal will achieve those goals by:

- A. Reducing the average length of stay in care for children served by seven months, thereby decreasing the cost of providing foster care services to children and families.
- B. Increasing the availability of services designed specifically to facilitate and maintain family reunification.
- C. Reducing the number of children who return to care due to a lack of intervention and resources.
- D. Utilizing the expertise of parents as mentors, thereby decreasing their dependence on public assistance. This service enhancement proposal addresses the following MDHHS Strategic Priorities:

- o Supports the integration of service delivery among programs across the department.
- o Encourages preventive services.
- o Prevents individuals from needing long term assistance and supporting those that promote self-sufficiency.
- o Reduces reliance on public assistance for individuals and families.

**Parent Partner Program:**

The Parent Partner Program is an in-home approach to parent mentoring by employing former foster care service recipients who have achieved reunification and maintained their children in their care. These parents provide in home support, mentoring and concrete services to referred parents who are working toward reunification for their families. The service is designed to assist the family with achieving reunification within six months of the referral to the program. As staffed, the program creates full-time employment for the Parent Partner and decreases dependence on public assistance. The cost effectiveness of the service is evidenced by the intervention costs being lower than continued out of home placement. Once a plan is established for reunification of the child(ren), the birth family may receive Family Reunification Program services.

**Family Reunification Program:**

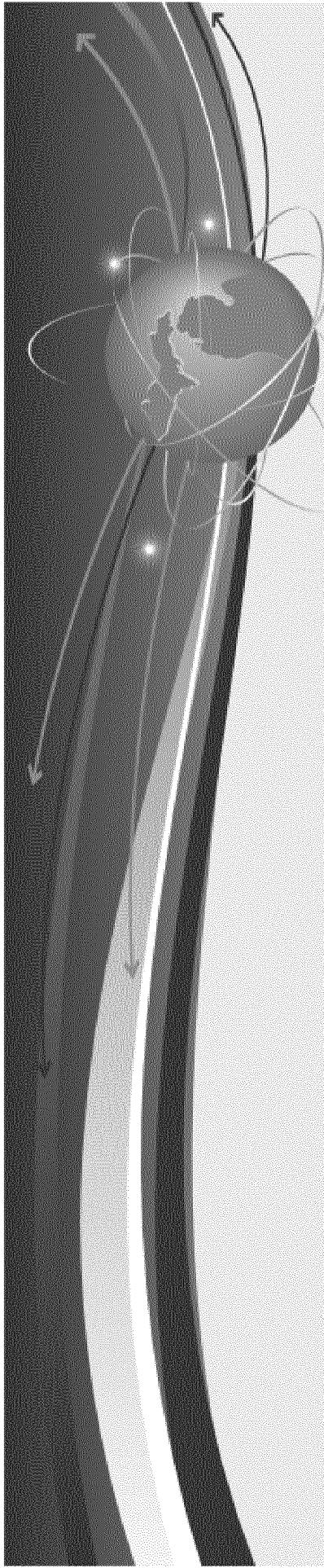
Family Reunification Program (FRP) services are available to those families who have a child residing in out-of-home placement due to abuse or neglect who may be returned home with intensive services within 30 days of the FRP referral. Out-of-home placement includes, but is not limited to residential treatment, family foster care, group family foster care, relative placement, psychiatric hospitalization, and detention (if dual wardship). FRP seeks to increase permanency by facilitating early return home from foster care and decreasing subsequent returns to foster care in abuse and neglect cases. FRP currently is not available in all counties, but where it is available, a referral is mandatory (as contract capacity permits) for all abuse and neglect foster care cases where the goal is to return the child home.

**Population Demographic Impacted:**

**Estimate of Number Impacted:** 980 families and approximately 1960 children will receive services to decrease their time in the foster care system and facilitate safe and stable reunification.

**Proposal Justification:**

Currently, the average length of stay for children in foster care prior to reunification is 13 months (although approximately 60% of placements are less than 12 months). The main focus of this proposal is reducing time in care for children and enhancing parental awareness and resilience in a manner that will contribute significantly to our long-term success in maintaining families safely intact. Parent Partner Program: The average service cost per family is approximately \$3,750. This is the cost of a



## ***MDHHS Contact Info and Useful Links***

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Legislative Service Bureau:

[http://www.legislature.mi.gov/\(S\(n4rbq4jwj2dfwz1qybtu01cu\)\)/mileg.aspx?page=home](http://www.legislature.mi.gov/(S(n4rbq4jwj2dfwz1qybtu01cu))/mileg.aspx?page=home)